MISSOURI FIRST STEPS
CHILD COMPLAINT MODEL FORM

INSTRUCTIONS
If any person believes the Missouri Department of Elementary and Secondary Education (DESE), a System Point of Entry (SPOE) agency or a provider has violated any state or federal regulation implementing Part C of the Individuals with Disabilities Education Act (IDEA) within the past year, a signed, written child complaint may be filed with DESE. This form may be used when filing a Child Complaint. A copy of the complaint must be sent to DESE, the SPOE or provider of whom the complaint is being filed against at the same time the complaint is filed with DESE.

Mail completed form to: Missouri Department of Elementary and Secondary Education
Office of Special Education
Attention: First Steps Compliance
P.O. Box 480
Jefferson City, MO 65102-0480

Or fax to: 573-526-4404 Attention: First Steps Compliance

PERSON FILING COMPLAINT

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<tr>
<th>NAME</th>
<th>RELATIONSHIP TO CHILD</th>
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<th>HOME PHONE NUMBER</th>
<th>OTHER PHONE NUMBER</th>
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CHILD INFORMATION

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<th>CHILD NAME</th>
<th>ADDRESS/CITY/STATE/ZIP</th>
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COMPLAINT INFORMATION

This complaint is against: (check one)

- ☐ The Department
- ☐ SPOE/Service Coordinator Name: ____________________________
- ☐ Provider Name: __________________________________________

The agency/provider indicated above has violated state and federal regulations implementing Part C of the IDEA in the following area(s):

- ☐ Evaluation
- ☐ Eligibility
- ☐ Services
- ☐ IFSP
- ☐ Family Cost Participation Fee
- ☐ Confidentiality/Access to Records
- ☐ Other, explain: __________________________________________

DESCRIPTION OF THE PROBLEM, INCLUDING FACTS RELATING TO THE PROBLEM (ADDITIONAL PAGES MAY BE ATTACHED)

PROPOSED SOLUTION TO THE PROBLEM, IF KNOWN: (ADDITIONAL PAGES MAY BE ATTACHED)

SIGNATURE OF PERSON FILING COMPLAINT DATE

Office of Special Education business hours are Monday-Friday 8:00 AM – 4:30 PM

(Revised 06/14)