State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

Deborah A. Gist
Commissioner

Rhode Island Department of Education/Office of Student, Community and Academic Supports

State Complaint Submission Tracking Sheet

Student's Name:	**Date of Submission:**
Complainant: **Parent** **Non-Parent**	**Phone:**
District of Residence:	**School District Where School is Located:**
Reason Complaint not Accepted **Complaint Submission Omitted:** ☐ Signature / Contact Information ☐ Name / Residence of Student ☐ Statement of Fact ☐ No Alleged Violation of IDEA ☐ Allegation - Over a Year ☐ Description of the Problem including Facts Relating to the Problem ☐ A Proposed Resolution ☐ Other:_____	**Withdrawal, if Applicable** **Date:** **Reason for Withdrawal or Set-Aside:** ☐ Complainant requests to withdraw state complaint ☐ Complainant requests to withdraw state complaint and pursue alter avenue before resubmitting ☐ Matter has become the subject of a special education due process hearing ☐ Other: _____
Assistance Provided to Complainant:	

RIDE Employee Signature: _____ **Date:** _____

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