# STATE COMPLAINT AND MEDIATION PROCESSES

FOR MATTERS PERTAINING TO GIFTED STUDENTS

### STATE COMPLAINT PROCESS

When attempts to resolve a problem at the local level have failed, and when it is believed that a local education agency (LEA) is violating *Alabama Exceptional Child Education Act* (1971, No. 106) (Act 106) or the *Alabama Administrative Code* 290-8-9-.12 (AAC) pertaining to a student's gifted services, the complaint process may be utilized. Only a parent of a child who is gifted may file a state complaint.

### (a) Filing a Complaint with the State Department of Education.

- 1. Any complaint filed must be for issues/allegations that occurred not more than one year prior to when the Alabama State Department of Education (ALSDE) receives it.
- 2. A signed written complaint must be filed at the Special Education Services (SES). A form for submitting a complaint is available at <u>Gifted State Complaint and Mediation Processes</u>, point to Sections, in the pop-up window click on Special Education, and when the page opens click on the Gifted link at the top of the page. The form may also be acquired by calling (334) 694-4782.
- 3. When filing a signed written complaint, the complainant must fully complete the required form.
- 4. A copy of the complaint must be sent to the superintendent of the school district/public agency serving the child at the same time the party files the complaint with the ALSDE.

### (b) Acting on Complaints.

- 1. The State Program Director of Special Education Services will assign a staff member to review and investigate the complaint.
- 2. A copy of the complaint will be sent to the school district/public agency involved.
- 3. The school district/public agency shall submit a written resolution statement, plan of action, or statement of position to the assigned complaint contact within 15 calendar days from receipt of the signed written complaint.
- 4. The SES will review the response and determine what other actions may be necessary.
- 5. The entire complaint process shall be completed within 60 calendar days from receipt of the complaint. The SES may grant an extension of time when it can be established that exceptional circumstances warrant delay.
- 6. A timely report will be issued to the complainant and the school district/public agency involved.

### **MEDIATION PROCESS**

Mediation may be requested when attempts to resolve a problem at the local level have failed or when the school district/public agency and the parents disagree on matters pertaining to the identification, evaluation, eligibility, or Gifted Education Plan (GEP). Although either party may request a state mediation process to resolve the issue(s), both parties must agree to participate. The Program Director of Special Education Services provides a discretionary process of mediation, where the parties may resolve their differences in a less formalized and less adversarial manner. Mediation is entirely optional and voluntary for the parties. Only a parent of a gifted child who disagrees with the identification decision, evaluation, GEP, or who is in the referral process may request mediation.

### (a) Requesting Mediation

- 1. Either party may request a Mediation Conference by writing to the Program Director, Special Education Services, or by calling 334-694-4782. An assigned mediator will contact the other parties to determine if they are willing to participate in mediation.
- 2. The assigned mediator will work with the parties at a suitable date, time, and location.
- **3.** Either party participating in mediation may utilize a representative when they believe such assistance would help resolve the issues.

### (b) Mediation Process

Although the mediation conference is an informal process utilized to resolve problems, the mediator will utilize some structure to provide a forum whereby discussion can be accomplished, and agreements made orderly.

# **Alabama State Department of Education**

## **Special Education Services GIFTED WRITTEN STATE COMPLAINT**



(Sample Form)

Your signed written state complaint must allege a violation that occurred not more than **one (1) year** prior to the date that the complaint is received.

- 1. The use of this form is optional.
- 2. The party filing the written state complaint must forward a copy of the complaint to the superintendent of the school district/public agency serving the child at the same time the party files the complaint with the Alabama State Department of Education.
- 3. The school district/public agency must provide a copy of the Gifted Rights if this is the first written state complaint filed by the parent in a school year.
- 4. All requested information that denotes a "\*" is required for a State Complaint to be considered complete.

Date:
Dear State Director of Special Education:
I am writing to file a written state complaint for gifted education against:
(Name of the School District/Public Agency)
My Contact Information:
Name*
Relationship to the Child (e.g., Parent, Grandparent, Aunt, Uncle, Friend, Other (please specify)
Street Address*
City, State, & Zip Code*
Phone Number*
Email Address*

If the complaint concerns a specific child, this information must also be included:				
Name of the Child				
Name of the School t	he Child is Attending			
Address of the Child				
City, State, & Zip Co	de			
	eless child or youth (within the meaning of the <i>McKinne</i> available contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for the child instead of the second contact information for t			
	strict/public agency is in violation of certain requirement	s in the Alabama Administrative C		
90-8-912 Gifted, spo ttach additional page				
	re has been a violation of the Gifted Education:			

Attach additional pages if necessary.				
Attach additional pages if necessary.  *Facts Related to the School District/Public Agency's Violation of a Requirement of the Alabama Administrative Code, 290-8-912 Gifted: (description of the nature of the problem, including facts relating to				
the problem).				

Attach additional pages if necessary.			
If alleging violations with respect to a specific child - Proposed res	<b>olution of the problem:</b> (to the extent		
known and available at the time the complaint is filed)			
ab CT9			
*Signature	Date		
11			
Have you ever requested	Candta.		
ALSDE dispute resolution for this student before?	Send to:		
(Check all that apply)	brush-harrison@alsde.edu		
	Or CEC MARITEM COMMINATION		
	SES WRITTEN COMPLAINT		
☐ Mediation	Special Education Services		
	Alabama State Department of Education		
☐ Written State Complaint	P.O. Box 30201		
-			
	Montgomery, AL 36130		
	334-694-4782		
	JJ4-034-4702		

# **Alabama State Department of Education**

# **Special Education Services GIFTED MEDIATION REQUEST**



- I understand that mediation is voluntary and both parties must agree to participate.
- Mediation is not to be used to delay or deny access to a Gifted Written State Complaint.
- I also know that I may request mediation by using the form below, calling (334) 694-4782, or emailing brush-harrison@alsde.edu.
- I understand neither party shall call the mediator to testify in any subsequent proceedings.

Date:	<u> </u>
Person requesting mediation:	
Parent of the child (or someone with author	ity to act in the place of a parent)
Parent's attorney	
School district representative	
Name	
Street Address	
City, State, & Zip Code	
Di N	
Phone Number	
Empil Address	
Email Address	
Eman Address	
Please complete as much information below	as possible)
	Parent Information:
Please complete as much information below Student Information:	as possible) Parent Information: Name(s)
Please complete as much information below Student Information:	Parent Information:
Please complete as much information below Student Information: Name Email Address	Parent Information: Name(s)  Street Address
(Please complete as much information below Student Information:  Name	Parent Information: Name(s)
(Please complete as much information below Student Information:  Name  Email Address	Parent Information: Name(s)  Street Address
Please complete as much information below Student Information: Name  Email Address  Date of Birth  Name of the School	Parent Information: Name(s)  Street Address  City, State, & Zip Code  Email Address
Please complete as much information below Student Information: Name Email Address Date of Birth	Parent Information: Name(s)  Street Address  City, State, & Zip Code
Please complete as much information below Student Information: Name  Email Address  Date of Birth  Name of the School	Parent Information: Name(s)  Street Address  City, State, & Zip Code  Email Address
Please complete as much information below Student Information: Name  Email Address  Date of Birth  Name of the School  Grade Level	Parent Information: Name(s)  Street Address  City, State, & Zip Code  Email Address  Home Phone Number

Please explain why mediation is requested:				
Attach additional pages if necessary.				
Have you ever requested				
ALSDE dispute resolution for this student before?	Send to: brush-harrison@alsde.edu			
(Check all that apply)	or or			
	SES GIFTED MEDIATION			
Gifted Mediation	Special Education Services Alabama State Department			
<del>_</del>	of Education			
Gifted Written State Complaint	P.O. Box 30201			
	Montgomery, AL 36130			
	334-694-4782			