Specialized Treatment Center Complaint Form

Any person may file a complaint with the Alabama State Department of Education (ALSDE) and/or the Alabama Department of Human Resources (ADHR), if the child is in foster care, regarding the education, conditions, treatment, or any other matter related to a school classified as a Specialized Treatment Center in Alabama using this form. This form, which may be filed anonymously, should only be used for complaints as to a Specialized Treatment Center on the campus of a PRTF. This report should not be construed as a substitute for compliance with any other obligations under Alabama law to report child abuse or neglect if you are a mandatory reporter under Ala. Code §26-14-3.

There is no time limit for the filing of a complaint; however, a delay may affect our ability to investigate a matter. You are strongly encouraged to file a complaint as soon as possible after learning of the conduct or situation.

Please send this completed form, along with any relevant materials to the ALSDE via electronic mail, to STCinfo@alsde.edu, by fax (334-694-4966), or by regular mail addressed to the Office of Specialized Treatment Centers, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101.

Please also send a copy of this completed form, along with any relevant materials to DHR via electronic mail, to STCeducation@dhr.alabama.gov or by regular mail addressed to Resource Management, Alabama Department of Human Resources, P.O. Box 304000, Montgomery, AL 36130, if the child is in foster care.

If you do not know the answer to any specific question, please simply state that it is not available (N/A).

If you have any questions, you may contact the ALSDE Office of Specialized Treatment Centers at 334-694-0233 or the ADHR Resource Management at 334-242-1650.

Specialized Treatment Center Information

Specialized Treatment Center Name:

Address:

Phone number:

Complaint

Reason for Complaint: Please explain the conduct or concern, providing specific examples. Any supporting documentation (text messages, emails, photos, videos, etc.) should be attached if possible. Please attach additional sheets as needed.

The person(s) allegedly responsible:

Date of conduct or concern: (Month, Day, Year)

Date you learned about the conduct or concern: (Month, Day, Year)

Location(s) of conduct or concern:

Witnesses

Names of witness(es) if applicable:

Contact information for witness(es):

Reports to other groups or entities

If you have filed a complaint with any other group or entity or have filed criminal or civil charges, please identify the entity and include a copy of the complaint and/or charges if available.

Entity:

Date Complaint was Made:

If you have contacted the STC administrator, principal, your local board of education Superintendent, or other school officials, please list the names of the individual(s) contacted, identify the position held by the individual(s) listed, and include (if possible) with your complaint any documents such as letters or notes documenting your contacts.

Leadership Contact (state whom or what entity you contacted):

Date Contact was Made:

Your Contact Information

Although you may file this report anonymously by omitting your personal contact information and signature, an anonymous complaint may be more difficult to investigate. We encourage you to provide your contact information.

Name of Person Making Report:

Email Address:

Telephone Number: (Specify Type: Cell/Home/Work)

Alternate Telephone Number: (Specify Type: Cell/Home/Work)

Best Time to Contact You:

Any additional notes or comments:

Verification

By checking the box below and entering or signing my name, I certify that all information on this form is true and correct to the best of my knowledge. If I am submitting this form electronically, I also understand that by checking the box below and entering or signing my name, my electronic signature has the same legal effect as a written signature.

☐ I certify the above information is true and correct and I am the person submitting information.

_____	_____
Signature of Complainant (may be omitted if submitted anonymously)	Date