**OSAH FORM 1**

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| **OSAH USE ONLY:** | AGENCY**DOE** | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

**DEPARTMENT OF EDUCATION**

**Date Complaint Was Received By DOE:**

|  |
| --- |
| **Check Only One:** |
| **[ ]  SE** (Child/parent(s) file complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)**[ ]  SED**(LEA files complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)**[ ]  IEE** (LEA denies parents’ request for IEE at public expense and files complaint to establish that its evaluation was appropriate) | **[ ]  CPEXP** (Child/parent(s) file complaint seeking **expedited hearing** to challenge placement or manifestation determination after child violated code of student conduct)**[ ]  DEXP**(LEA files complaint seeking **expedited hearing** where LEA believes that maintaining child’s current placement is likely to result in injury to child or others) |

**CONTACT PERSON AT REFERRING AGENCY**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | POSITION:      | EMAIL:      |

**CHILD AND PARENT(S)**

|  |  |  |
| --- | --- | --- |
| NAME OF PARENT(S):       | CHILD’S INITIALS:      | TEL #:      |
| ADDRESS INCLUDING ZIP CODE:      | FAX #:      | EMAIL:      |
| NAME OF ATTORNEY (IF APPLICABLE):       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | GEORGIA BAR #:      | EMAIL:      |

**LOCAL EDUCATIONAL AGENCY**

|  |  |  |
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| LEGAL NAME OF LEA (i.e., “\_\_\_\_\_ County School District”):       | LEA REPRESENTATIVE:      | TEL #:      |
| ADDRESS INCLUDING ZIP CODE:      | FAX #:      | EMAIL:      |
| NAME OF ATTORNEY:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | GEORGIA BAR #:      | EMAIL:      |

**\*\*\*DUE PROCESS COMPLAINT AND PROOF OF SERVICE MUST BE ATTACHED\*\*\***