**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\*\*\***