

OSAH FORM 1

OSAH USE ONLY:	AGENCY DOE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF EDUCATION

Date Complaint Was Received By DOE:

Agency Reference Number:

Check <u>Only</u> One:	
☐ SE (Child/parent(s) file complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)	☐ CPEXP (Child/parent(s) file complaint seeking expedited hearing to challenge placement or manifestation determination after child violated code of student conduct)
☐ SED (LEA files complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)	☐ 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)
☐ IEE (LEA denies parents' request for IEE at public expense and files complaint to establish that its evaluation was appropriate)	

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

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*****