*****Massachusetts Department of***

***Elementary and Secondary Education***

### 135 Santilli Highway, Everett, MA 02149 Telephone: (781) 338-3000 TTY: 1-800-439-2370

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| PROBLEM RESOLUTION SYSTEM OFFICE (PRS)INTAKE FORM |

Based on [federal regulations](https://sites.ed.gov/idea/regs/b/b/300.153), complaints must contain certain information. Use of this form is not required to submit a complaint to PRS. However, the required information is indicated on this form with an asterisk \* symbol. In addition to these requirements, PRS *requests* additional optional information related to this complaint to assist PRS in its investigation. If you have any questions about the PRS process or this form, please contact the PRS Office at (781) 338-3700 or compliance@doe.mass.edu.

**District/Educational Agency/School**

\*Name of District/Collaborative/Private School/Educational Agency:

School Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Student Program: General Ed\_\_\_ Special Ed (IEP) \_\_\_ 504 Plan \_\_\_ Home School \_\_\_

**Complainant’s Contact Information -** *person or organization filing a complaint with PRS.*

\* Complainant’s Name (printed): \_\_\_\_\_\_\_

\* Complainant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_

\* Complainant’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Role:

* Parent
* Advocate
* ESE Assigned Education Surrogate Parent
* Student
* Educational Entity Staff
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s request for accommodations from the Department related to this complaint:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the Student or Group**

Is this complaint related to an:

* Individual Student *or*
* Group

*If alleging violation(s) with respect to a specific student:*

\* Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: Age: \_\_\_ \_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_

\* Student’s Address (if different from Complainant’s address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Name of the school the student is attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the following is required:*

\* Student’s available contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the Parent/Guardian (if different from the Complainant)**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **\*A statement of allegation(s) of non-compliance** **that occurred not more than one year prior to the date that the complaint is received and the facts upon which the allegation(s) are based.** |
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| **Identify any attempts to resolve the current concerns.**  |
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| \*A proposed resolution of the problem *to the extent known and available to the Complainant at the time the complaint is filed.* |
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| **Are any of these concerns currently being addressed through Mediation or a Hearing at the Bureau of Special Education Appeals (BSEA)?** * Yes, at least one of the issues raised in this complaint is currently being addressed by the BSEA.
* No, these concerns are **not** currently being addressed by the BSEA.
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**Documentation**

You may submit documentation in support of the complaint along with this complaint intake form.

**The party filing the complaint must forward a copy of the complaint to the educational agency serving the student at the same time the party files the complaint with PRS.**

* A copy of the completed complaint was sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) to the following individual at the educational agency:

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign and return this PRS Intake Form to:**

**Massachusetts Department of Elementary and Secondary Education**

**Problem Resolution System**

**135 Santilli Highway**

**Everett, MA 02149**

**Fax: 781-338-3710**

**Compliance@doe.mass.edu**

You may submit a complaint via email, postal mail, fax, or drop-off at the contact information listed above. If you submit a complaint via email, please attach a copy of the completed Intake Form to your email and send it to PRS with a subject line that reads: Completed PRS Intake Form.

**Confidentiality and Third-Party Information Sharing**

**PRS will not share personally identifiable student information with a third-party unless PRS has written consent authorizing it to share such information or other documentation entitling the third-party access to otherwise protected information (e.g., a court order). If a third-party individual or organization files a complaint on behalf of a named student, following the filing of this complaint PRS will request a release of information from the student’s parent/guardian or the student if appropriate.**