

# OSAH FORM 1

<b>OSAH USE ONLY:</b>	AGENCY <b>DOE</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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## DEPARTMENT OF EDUCATION

**Date Complaint Was Received By DOE:**

**Check Only One:**

<input type="checkbox"/> <b>SE</b> (Child/parent(s) file complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)  <input type="checkbox"/> <b>SED</b> (LEA files complaint relating to identification, evaluation, educational placement, and/or provision of FAPE to child)  <input type="checkbox"/> <b>IEE</b> (LEA denies parents' request for IEE at public expense and files complaint to establish that its evaluation was appropriate)	<input type="checkbox"/> <b>CPEXP</b> (Child/parent(s) file complaint seeking <b>expedited hearing</b> to challenge placement or manifestation determination after child violated code of student conduct)  <input type="checkbox"/> <b>DEXP</b> (LEA files complaint seeking <b>expedited hearing</b> where LEA believes that maintaining child's current placement is likely to result in injury to child or others)
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**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\*\*\***