

Equitable Services Complaint to the Ombudsman Form

Title of Complainant

Date

Name of school administrator

Address of school or organization

Complainants email address

Complainants Phone Number

School district against which the complaint is being filed

Did the district engage in consultation that was timely and meaningful?

Yes No

Did the district give due consideration to the views of private school officials?

Yes No

Did the district make decisions that treated private school students equitably?

Yes No

Names and contact information who you consulted with

Description of the allegation. Please include a statement that the SEA, LEA or other entity receiving federal financial assistance has violated a requirement of a federal statute or regulation that applies to a program requiring equitable participation; Detail facts and proper sighting of statutory or regulations requirements; Copy of original Consultation Documentation form; this form that includes signature.

Save and return all required forms to the ombudsman via email (ESOmbudsman@michigan.gov) or by mail:

Michigan Department of Education
Office of the Superintendent
600 West Allegan Street
P.O. Box 30008
Lansing, MI 48909
Attention: Theresa Nugent