



Wisconsin Department of Public Instruction
DUE PROCESS HEARING REQUEST
 PI-2115 (Rev. 03-21)

Section 115.80, Wis. Stats.

SUBMISSION: Complete three (3) copies. Retain one (1) copy for your records. Submit one (1) copy to the School District responsible for the child's education. Submit one (1) signed original to:

**DIRECTOR
 SPECIAL EDUCATION TEAM
 WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
 PO BOX 7841
 MADISON, WI 53707-7841
 FAX: (608) 267-3746
 EMAIL: IDEA@DPI.WI.GOV**

FOR DPI USE	Date Received <i>Mo./Day/Yr.</i>	Case No. Assigned	Due Dates <i>Mo./Day/Yr.</i> 30 Days: 45 Days: 75 Days:
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INSTRUCTIONS: This form has been developed to assist parents in requesting a due process hearing. Provide all information requested. Failure to provide all information may result in a court reducing the amount of any attorneys' fees awarded. Requests submitted outside of business hours will be marked received the next business day. You will be contacted by the department regarding your hearing request.

I. GENERAL INFORMATION

Name of Party Requesting the Hearing	Relationship to the Child	Requestor's Email Address
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Address <i>Street, City, State, ZIP</i> (Preferred Communication: Check One <input type="checkbox"/> Email <input type="checkbox"/> Physical Mail)	Daytime Telephone <i>Area/No.</i>
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Check One <i>Optional</i>	Check All That Apply <i>Optional</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	

Name of Child	Child's Date of Birth <i>Mo./Day/Yr.</i>	¹ Address of the Child's Residence <i>Street, City, State, Zip</i>
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School District of the Child's Residence	School District Where Child is Attending
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II. SIGNATURE

Signature of Party Requesting the Hearing	Date Signed <i>Mo./Day/Yr.</i>
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III. DESCRIPTION OF COMPLAINT

Describe the nature of the problem the child is experiencing, including facts relating to the problem. State the specific reasons for requesting a hearing. If you are a parent and disagree with any decision regarding disciplinary placement or a manifestation determination, or if an LEA believes that maintaining the child's current placement is substantially likely to result in injury to the child or others, please state whether you request an expedited due process hearing with accelerated but inflexible timelines². Use additional sheets or back if necessary.

IV. PROPOSED RESOLUTION

Describe your proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.

¹ For Homeless children, provide contact information. (34 CFR § 300.153[b][4][iii]; 300.508[b][4]).

² An Expedited Hearing must occur within 20 school days of the date that the due process hearing request is filed, the hearing officer must make a determination within 10 school days after the hearing, and the hearing officer cannot extend those deadlines even if the parent or the LEA request and the parties agree to an extension.