



Tennessee Department of Education Administrative Complaint Form

Office of General Counsel
9th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
FAX 615-253-5567

Name of Complainant		Relationship to Child	Complainant's Email
Address <i>Street, City, State, ZIP</i>		Telephone Number <i>Area Code/Number</i> Home Work Cell	
Name of Child	Child's Date of Birth <i>Month/Day/Year</i>	Child's Disability	
Address of the Child (if different from Complainant) <i>Street, City, State, ZIP</i>		*For homeless children provide contact information	
School System	School Child is Attending		
Describe the nature of the problem the child is experiencing, including facts and/or documentation as needed. Use additional sheets or back if necessary.			
Please investigate this complaint and notify me of the results. I understand that it may be necessary to release a copy of any correspondence submitted by me in relation to this complaint, my name, the name of the child, and the nature of my complaint to local school system officials in order to resolve these issues.			
Signature of Complainant <i>Required</i>			Date Signed <i>Month/Day/Year</i>