



Request for System Resolution Meeting

Name of Person filing complaint _____ Home Phone # _____
Street Address _____ Fax number _____
City, State, Zip _____ Work Phone # _____
Email _____ Cell Phone # _____

Parent (if other than party filing complaint) _____ Home Phone # _____
Street Address _____ Fax number _____
City, State, Zip _____ Work Phone # _____
Email _____ Cell Phone # _____

Full Name of Child _____ Date of Birth _____
Current School _____

What Individuals With Disabilities Act (IDEA) regulation(s) or Special Education Rule(s) do you feel have been violated?

Please describe the problem. Use additional pages if more space is needed.

Describe the solution or action you feel would resolve this problem. Use additional pages if more space is needed.

When are you available to meet with System and/or school staff to share your concern and discuss mutually agreeable resolutions?

Best Days _____ Best times _____

Parent/guardian signature _____

Date _____

Please submit this form to RCSS Special Education staff in any one of the following ways:

- a. Fax: (706) 826-4649
- b. Email options:
 - Area 1- Dr. Barnes barnesh@boe.richmond.k12.ga.us
 - Area 2- Dr. Ogden ogdench@boe.richmond.k12.ga.us
 - Area 3- Dr. Taylor taylobr@boe.richmond.k12.ga.us
 - Director-Ms. Newsome newsota@boe.richmond.k12.ga.us
- c. Hand deliver to the Special Education Department on the 3rd floor at 864 Broad Street, Augusta, GA 30901.

Please call 706-826-1132 if you need clarification regarding dispute resolution procedures and options.

The Richmond County School System will not engage in any retaliatory practices against any person (parent, student or staff) who participates in or initiates a due process complaint against the System. The School System will not interfere with an individual's right to request a due process hearing or pursue any other applicable dispute resolution options.