



STATE COMPLAINT INVESTIGATION

FILING INSTRUCTIONS

The Oklahoma State Department of Education Office of SoonerStart Services (OSS) complaint procedures can be obtained by calling the above phone number or visiting the OSDE Website. Individuals with Disabilities Education Act (IDEA) regulations for State Complaint Procedures can be found at 34 CFR § 303.430. Parents and the SoonerStart program are encouraged to utilize mediation to resolve SoonerStart disputes. Such participation is voluntary. For additional information contact (405) 521-4880.

A COMPLAINT MUST INCLUDE THE FOLLOWING INFORMATION.

- Current date.
- Name, address, and telephone number of the person making the complaint (or available contact information).
- The signature of the person making the complaint.
- If alleged violations are regarding a specific child, the name and address of the child involved are required (or available contact information in the case of a homeless family.)
- The SoonerStart site that is the subject of the complaint.
- One or more statements (allegations) that the LEA has violated one or more requirements under the Federal IDEA Part C within one year of the date SoonerStart receives a completed state complaint document.
- The facts and/or description of the events that support each allegation (e.g., documents such as the child's IFSP, eligibility paperwork, email, or text message correspondence with the SoonerStart team) must be within one calendar year from the date of SoonerStart's receipt of a completed state complaint. Under IDEA, this requirement applies even if the alleged violation is continuing or if the complainant is requesting compensatory services.
- Proposed solution to the allegations or the relief sought to the extent known and available to the party at the time.

The use of this form is optional however, all State Complaint Investigation Requests must include the required elements listed above (and provided as an optional checklist on page 5).

The OSS will accept a complaint by mail, email, or hand delivery to the address above. Also, you may submit additional information, orally or in writing, about the allegation(s) in the complaint. Please contact us if you require any assistance.

A copy of the completed complaint must be provided to the SoonerStart site serving the child at the same time the completed complaint is filed with the OSS state office.

The OSS will notify all parties if the state complaint is not sufficient and/or if additional information is required.

STATE COMPLAINT INVESTIGATION

Parents, other individuals, organizations, including those from another state, may file a complaint if they believe a SoonerStart site has violated the Individuals with Disabilities Education Act (IDEA).

CONTACT INFORMATION OF THE INDIVIDUAL FILING THE COMPLAINT

FULL NAME RELATIONSHIP TO CHILD (OPTIONAL)

ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

CONTACT INFORMATION OF THE SOONERSTART SITE AGAINST WHOM THE COMPLAINT IS BEING FILED

SOONERSTART TEAM LOCATION (CITY)

INFORMATION OF THE CHILD INVOLVED

CHILD'S FULL NAME DATE OF BIRTH

ADDRESS OR CONTACT INFORMATION IN THE CASE OF A HOMELESS FAMILY

CITY STATE ZIP CODE PHONE NUMBER

STATEMENT OF VIOLATION

DESCRIBE THE IDEA VIOLATION(S)

The complaint must describe a concern that happened **within the last year** from the date the complaint is filed. You do not have to know specifically what law was violated, but you must explain what you believe the SoonerStart team has done wrong. Attach additional pages as needed.

SUPPORTING FACTS

Using dates, names, and locations within the last year, describe what actually happened to lead you to believe the SoonerStart site has violated the law under IDEA. Attach additional pages as needed.

PROPOSED SOLUTION

For each of the alleged violations described above, what is your proposed solution(s)? Attach additional pages as needed.

NOTIFICATION OF COMPLAINT INVESTIGATION

BY FEDERAL REGULATION, YOU MUST SEND A COPY OF THE COMPLAINT TO THE SOONERSTART SITE AND OSDE-OFFICE OF SOONERSTART:

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Office of SoonerStart Services

Attn: Dispute Resolution
2500 N. Lincoln Blvd Ste: 510
Oklahoma City, OK 73105

Phone: 405-521-4880
Email: SoonerStart@sde.ok.gov

The section below must be completed to ensure the SoonerStart site is in receipt of the complaint at the same time or same date as you are filing the complaint to the OOS. Indicate below when, how, and to whom you provided a copy of the complaint to the SoonerStart site (office).

☐ HAND DELIVERED ON:

DATE DELIVERED

SIGNATURE OF RECIPIENT

☐ EMAILED ON:

DATE EMAILED

RECIPIENT NAME

EMAIL ADDRESS

☐ MAILED ON:

DATE MAILED

CERTIFIED MAIL RETURN RECEIPT NUMBER (IF APPLICABLE)

MAILED TO RECIPIENT NAME

MAILED TO ADDRESS

CITY

STATE

ZIP CODE

MEDIATION (OPTIONAL)

Mediation is available to parents at no cost and can be entered into with the agreement of the SoonerStart site. Mediation may proceed at the same time as the complaint investigation.

I would like more information about Mediation.

I request mediation and authorize the SoonerStart site and OSS to share educational information with the mediator about my child's identity, developmental needs, and information pertinent to the mediation. I understand the mediator will keep this information confidential.

I agree to extend the complaint timeline if the SoonerStart site/OSS also agrees and if an extension is necessary to engage in mediation.

CHECKLIST (OPTIONAL)

Make sure the items below have been completed before mailing/emailing your request for a complaint investigation.

- ☐ You have provided your name, address, contact information, and the name of the SoonerStart site where you received services.
- ☐ You have provided a statement of violation, including detailed information as to when, where, and how the alleged violation(s) of IDEA took place.
- ☐ You have provided supporting facts.
- ☐ You have provided a proposed solution to the problem.
- ☐ You have documented that you have provided a copy of your complaint to the SoonerStart site.
- ☐ You have signed and dated your complaint below.

SIGNATURE

SIGNATURE (REQUIRED)

DATE (REQUIRED)

SAMPLE OF STATE COMPLAINT

EXAMPLE OF STATEMENT OF VIOLATION	EXAMPLE OF SUPPORTING FACTS	EXAMPLE OF PROPOSED SOLUTION
The SoonerStart team did not follow my child’s IFSP.	My child's October 2025 IFSP includes 45 minutes per week of speech-language services. My therapist has canceled all of his appointments with my family.	Provide make-up services to my family.
The SoonerStart team did not schedule an IFSP review that I requested.	I requested an IFSP review in October and November of 2025 without acknowledgement from the team.	Conduct an IFSP review as soon as possible.