



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3700
TTY: N.E.T. Relay 1-800-439-2370

PROGRAM QUALITY ASSURANCE SERVICES PROBLEM RESOLUTION SYSTEM INTAKE INFORMATION FORM

In order to address your current concerns as promptly as possible, the Department of Elementary and Secondary Education requests that you provide the following information.

Name of School District/Collaborative/Private School: _____

Program: Regular Ed ___ Special Ed (IEP) ___ 504 Plan ___ Home School ___

School Location: _____ School Phone#: () _____

Your Name (printed): _____ **Your Signature Required:** _____

Your Address: _____ City or Town: _____ State: ___ Zip Code: _____

Home Phone #:() _____ Work # () _____ Cell # () _____ E-Mail: _____

Your Role: ___ 1=Parent; 2=Advocate; 3=ESE Assigned Education Surrogate-Parent; 4=Student;
5=School Employee; 6=Other (Specify) _____

Accommodations you will need in communicating with the Department: _____

Student or Group Name: _____ Grade/Level: ___ Age: ___ Male/Female/Transgender: _____

Address: _____ Telephone #:() _____

Language of (Circle)-Parent/Student if not English: _____

Parent/Guardian if not you: _____ Home Phone#:() _____

Address: _____ Cell Phone#:() _____

Address: _____ Work Phone#:() _____

The local school person to whom a copy of this complaint has been forwarded: _____

The last local school person(s) you have contacted in an effort to resolve this problem: _____

Address _____ Telephone #:() _____

Please describe your concern on the attached page, stating the specific facts on which the concern is based. Please attach any documents that you believe would be helpful to the Department of Elementary and Secondary Education in understanding your concern.

Please be certain to include a description of your attempts to resolve your current concern(s) prior to contacting the Department, and describe specific actions you believe would resolve your concern(s).

[Received in ESE: _____ 60-Day Date: _____]

