



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000 TTY: 1-800-439-2370

PROBLEM RESOLUTION SYSTEM OFFICE INTAKE INFORMATION FORM

Please provide the following information.

Questions about this form, Contact (781) 338-3700 or compliance@doe.mass.edu

Information about the School

Name of District/Collaborative/Private School: _____

School Name/Location: _____ Address _____

Type of Student Program: General Ed ___ Special Ed (IEP) ___ 504 Plan ___ Home School ___

Information about You

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

Your Address: _____ City/ Town _____ State: _____ Zip Code: _____

Contact phone: _____ E-Mail: _____

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

Primary Language: _____

Accommodations you require in communicating with the Department: _____

Information about the Student or Group

Name: _____ Grade: ___ Age: ___ Male/Female/Nonbinary: _____

Address: _____ Primary Language: _____

Information about the Parent

Parent/Guardian (if not you): _____ Contact Phone: _____

Address: _____ Primary Language: _____

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

BRIEF STATEMENT OF CURRENT CONCERN(S)

Please describe your concern, stating the specific facts on which the concern is based. Please attach any documents that you believe would be helpful to the Department in understanding your concern.

YOUR ATTEMPTS TO RESOLVE CURRENT CONCERN(S)

ACTIONS BY THE SCHOOL YOU BELIEVE WOULD RESOLVE YOUR CONCERN(S)

Are any of these concerns currently being addressed by Mediation or a Hearing in the Bureau of Special Education Appeals (BSEA)? NO YES

You must send a copy of this complaint to the school district

I sent a copy of this complaint to: (Name/Title): _____ Date: _____

Address _____ Telephone/Email _____

For charter school complaints only: If you have forwarded your concerns to the Board of Trustees, please include your complaint and the Board's response.

**Sign and return this Intake Information Form to: PRS Intake Coordinator
75 Pleasant Street, Malden, MA 02148-4906 or by Fax at 781-338-3710
To send by email: Compliance@doe.mass.edu save the completed form and attach it to
your email, with a subject line that reads: LAST NAME PRS Intake Form.**

Confidentiality and Third Party Information Sharing

This page is for persons who file a complaint but are not the student's parent, guardian nor an adult student (18 years of age or above). These types of complaints are known as "third party" complaints.

Third party complaints are typically filed by advocates, attorneys or an agency representative. Due to the requirements of federal and state privacy laws, it is necessary for the Department to obtain explicit consent in order to share any student information with a third party.

If your complaint does not involve a third party, then you do not need to fill out this page or return it to the Department.

Provision of consent for Department sharing of student information with a third party:

I, (print name) _____

give my consent to the Department of Elementary and Secondary Education to share information regarding (student) _____ with:

(Name) _____ regarding this complaint.

Signature of Parent/Guardian/Adult Student:

_____ Date: _____