



**INSTRUCTIONS:** Submit signed original and supporting documentation to:

**SOUTH DAKOTA DEPARTMENT OF EDUCATION  
ATTN: PRIVATE SCHOOL OMBUDSMAN  
800 GOVERNORS DRIVE  
PIERRE SD 57501**

This form has been developed to assist private school officials in filing complaints to the South Dakota Department of Education in regards to private school equitable participation as allowed by the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA). Provide all information requested. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding the complaint.

**COMPLAINANT INFORMATION**

Name of Private School		Email	
Name of Person Filing the Complaint	Title of Person Filing the Complaint	Daytime Telephone <i>Area/No.</i>	
Complainant Address	City	State	Zip

**LOCAL EDUCATIONAL AGENCY (LEA) INFORMATION**

Name of the LEA believed to have violated ESSA private school equitable participation requirements		Telephone <i>Area/No.</i>	
Address	City	State	Zip

**COMPLAINT INFORMATION**

A private school shall have the right to file a complaint to the department if the LEA did not: Engage in timely and meaningful consultation with the private school; give due consideration to the views of private school officials; or make a decision that treats the private school or its students equitably.

Place a check mark next to the alleged violation. *Check all that apply.*

- Engage in timely and meaningful consultation with the private school.
- Give due consideration to the views of private school officials
- Make a decision that treats the private school or its students equitably

**Attach supporting document for each alleged violation.** The complaint will not be processed without supporting documentation.

Have efforts been made to resolve this complaint through the internal grievance procedure of the LEA? Yes  No

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If yes, what is the status of the grievance?

What specific relief are you seeking?

**SIGNATURE**

Complainant Signature	Date Signed Mo./Day/Yr.
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