



Mr. Charles Suppon, Director Special Education and Pupil Services

11450 Wyalusing New Albany Road, Wyalusing, PA 18853

Phone: (570)-746-1600, ext. 3011

#### LOCAL LEVEL COMPLAINT PROCESS

Dear (Complainant):

Thank you for contacting the Wyalusing Area School District and providing us with the opportunity to assist you in this matter. The following is a process designed to address complaints and concerns regarding any aspect of Alternative Education for Disruptive Youth (AEDY) programs, including placement and exiting decisions, the quality of academic instruction, the provision or omission of language assistance services, and services to students with disabilities to include reasonable modifications. This process is referred to as the “AEDY Complaint Process” throughout this document.

Individuals having complaints and concerns regarding AEDY are required to seek resolution via the relevant School District<sup>1</sup> rather than elevating concerns to the Pennsylvania Department of Education (PDE) in the first instance. The filing of a complaint via the AEDY Complaint Process does not limit any other rights or remedies under federal and state law. This means, for example, that a parent may still file a separate due process complaint concerning his or her child’s Individualized Education Program (“IEP”) as provided pursuant to the Individuals with Disabilities Education Act (“IDEA”).

School districts will ensure that parents and students who are limited in (or have no) English proficiency (known as Limited English Proficiency or “LEP”) are provided translation and interpretation services to participate in the AEDY Complaint Process. If you need translation and interpretation services to access this document or the AEDY Complaint Process, please contact the Director of Special Education and Student Services, Mr. Charles Suppon.

#### **Filing an AEDY Complaint with the School District**

Any individual or organization may submit a written complaint using the attached AEDY Complaint Form. The form must be completed and sent to the relevant School District.

The complaint must include:

- (1) the facts on which the statement is based;
- (2) all relevant documents and supporting information;
- (3) a proposed resolution to the problem to the extent known and available to the complainant at the time the complaint is filed; and
- (4) the contact information for the complainant.

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<sup>1</sup> While the term “school district” is used throughout, this document pertains to charter schools as well as school districts placing students in AEDY Programs.

All relevant documents must be forwarded to the Wyalusing Area School District, at 11450 Wyalusing New Albany Road, Wyalusing PA 18853, or faxed to 570-746-9156, or emailed to [csuppon@wyalusingrams.com](mailto:csuppon@wyalusingrams.com).

Failure to provide all of the information in the AEDY Complaint Form will not result in the complaint being dismissed. LEAs will work with complainants to ensure that the requested information is as complete as possible.

The Staff Member in charge of this process shall be impartial and the School District will ensure that the Staff Member handling the investigation is not the subject of the complaint. The Staff Member in charge of this process may interview any individual who is said to have knowledge of the allegations. As part of the investigation, the Staff Member may require the AEDY Program and/or School District to respond to the allegations and may contact the complainant. The Staff Member may consider any relevant evidence as part of the investigation and outcome.

If the Staff Member concludes an investigation and makes a finding of compliance, the Staff Member will notify the complainant and the School District and take no further action. If the complainant is not satisfied with the decision, the Staff Member may provide the State AEDY Complaint Process information to the complainant. If the Staff Member concludes an investigation and makes a finding of non-compliance, the Staff Member will notify the complainant, the School District as applicable and direct corrective action to address the noncompliance.

The Staff Member will make a good faith effort to perform the actions outlined above in accordance with the following timeline: (1) investigate within 30 days of a determination that an investigation is appropriate, and (2) determine compliance or noncompliance within 30 days of the conclusion of an investigation. Depending upon the nature of the allegations and the investigation, the Staff Member may take additional time for these steps and will notify the complainant if additional time is needed. Regardless of the aforementioned timelines, the Staff Member will expedite its investigation and corrective action for allegations involving the health, safety and welfare of students or for other good cause shown.

The Staff Member will review the actions taken to address any noncompliance. If the Staff Member determines that the School District addressed the noncompliance, the matter will be closed. If the Staff Member determines that the School District failed to address the noncompliance, the Staff Member will report to a School District Administrator for appropriate enforcement action.

The Staff Member will acknowledge receipt of complaints. To determine the status of a complaint, please feel free to contact Mr. Charles Suppon at 570-746-1600. If the complainant disagrees with the School District's conclusions, he or she may file a complaint with PDE.

# Local AEDY Complaint Form

## Wyalusing Area School District

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You may make copies of this form, use additional paper, or call/email the Wyalusing Area School District at 570-746-1600 for additional copies. You may also attach copies of relevant documents to this form.

My preferred method of contact is:

By phone (please provide number):

Best time during normal business hours to call:

By email (please provide email address):

In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

Are you filing this complaint on behalf of a specific child?  Yes  No

Name of Child:

Child's Date of Birth:

Address of Child:

### **Complainant Information**

Name:

Address:

Phone Number:

Home:

Work:

Cell:

E-mail:

Relationship to child or children:

Parent

Attorney

Advocate

Other

**School/Program Information**

Child's school and school district:

Child's AEDY Program (please include even if the child has not yet attended the program and has only been referred to attend):

Is the child currently in school?  Yes  No

If so, where is the child's current program:

School Building:

School District:

Charter School:

Private Provider:

Complete *only* if this Complaint is filed on behalf of a homeless child or youth.

Contact Person:

Telephone:

**Complaint Information**

On or about what date did the violation occur?

Date:

To clarify my allegations, I would like the School District to interview the following person(s). (Optional)

Name	Occupation/Title	Phone Number/E-Mail Address

Provide a statement about the violation or issue, which you believe has occurred. Please include a description of the problem.

List the facts that support your statement.

What, if any, is your proposed solution to this problem?

Please return the form to:

Mr. Charles Suppon  
Director of Special Education and Pupil Services  
11450 Wyalusing New Albany Road  
Wyalusing PA 18853  
Phone: 570-746-1600

cc: BLaST North Academy