

## Restraint and Seclusion Complaint Form

A restraint and seclusion complaint is a formal request to the Ohio Department of Education to investigate **potential violations of requirements of Ohio [rule](#)<sup>1</sup>** regarding restraint and seclusion of students **that have occurred no more than one year prior to the date the complaint is received by the Department.**

**The use of this model form is not required; however, a complaint must contain the following information to be considered sufficient:**

1. Name, address, phone number and email address, if applicable, of the person filing the complaint;
2. Name and address of the child involved, name of school district and school the child attends if the violations are related to a specific student;
3. One or more allegations (problems/concerns) the school is not following. Include the rule about physical restraint and seclusion that is not being followed. The problems/concerns must have occurred not more than one year prior to the date the complaint is received by the Department;
4. The Department can investigate allegations about the following:
  - a. Training and professional development for the use of crisis management and de-escalation techniques, which include restraint and seclusion;
  - b. Policies and procedures about restraint and seclusion;
  - c. Monitoring and reporting restraint and seclusion;
  - d. Multiple incidents of restraint and seclusion without required interventions.
5. The complaint must include the following information:
  - a. **Facts and/or a description of the events that support each problem/concern;**
  - b. **Proposed resolution of the problem or relief sought (to the extent known and available to the person filing the complaint);**
  - b. **Statement that shows this form, including attachments, have been mailed or hand delivered to the school district; and**
  - c. **Signature of the person filing the complaint.**

**The Department does not have the authority to investigate allegations about the following:**

- Positive Behavioral Interventions and Supports (PBIS) professional development requirements;
- Allegations about injuries related to a restraint or seclusion;
- If a prohibited restraint was used with a child (such as chemical, mechanical or prone restraints);
- If a prohibited seclusion was used with a child (such as seclusion occurring in a locked room or a child left unattended in a seclusion);
- Allegations of child abuse or neglect;
- Allegations of retaliation; or
- Allegations of racism or discrimination.

**If the complaint involves any of the above issues, contact the following:**

1. Issues about PBIS training requirements:
  - a. The Ohio Department of Education's Office of Integrated Student Supports:  
Phone: (614) 644-6812  
Email: [pbisohio@education.ohio.gov](mailto:pbisohio@education.ohio.gov)

<sup>1</sup> Parts G-K of this rule address multiple incidents of restraint and seclusion, training and professional development for the use of crisis management and de-escalation techniques which include the use of restraint and seclusion, policies and procedures, monitoring and reporting.

2. Issues about injuries related to a restraint or seclusion, child abuse or neglect or prohibited use of restraint and seclusion:
  - a. Ohio Department of Job and Family Services:  
Phone: 855-O-H-CHILD (855-642-4453)  
[Online directory of county departments of Job and Family Services](#)
  - b. Ohio Department of Education's Office of Professional Conduct:  
**Phone: (614) 466-5638 or (877) 644-6338 (toll free)**  
**Fax: (614) 995-3752**  
**Email: [Education.Conduct@education.ohio.gov](mailto:Education.Conduct@education.ohio.gov)**  
**Online [Citizen Reporting Form](#)**
  - c. Local Law Enforcement Agency
3. For issues of retaliation, racism or discrimination:
  - a. Office for Civil Rights:  
Phone: (216) 522-4970  
Email: [ocr.cleveland@ed.gov](mailto:ocr.cleveland@ed.gov) or [ocr@ed.gov](mailto:ocr@ed.gov)  
Online [Discrimination Complaint Form](#)

Those needing **assistance filing a complaint may contact the following:**

1. Disability Rights Ohio  
Phone: (614) 466-7264 or (800) 282-9181 (toll free in Ohio)  
TTY: (614) 728-2553 or (800) 858-3542  
[Disability Rights Ohio Online Intake Form](#)
2. Ohio Coalition for the Education of Children with Disabilities  
Phone: (740) 382-5452 or (844) 382-5452 (toll free)  
Website: [www.ocecd.org](http://www.ocecd.org)

**Direct general questions about the restraint and seclusion complaint process to:**

**Ohio Department of Education's Office for Exceptional Children:**  
**Phone: (614) 783-5923 or (877) 644-6338 (toll free)**  
**Email: [ODE\\_PBISResraintSeclusionQuestions@education.ohio.gov](mailto:ODE_PBISResraintSeclusionQuestions@education.ohio.gov)**

## Examples of Alleged Violations, Supporting Facts and Proposed Resolutions

Describe each problem or concern (alleged violation), what happened (supporting facts) and how the school can fix the problem or concern (proposed resolution). See the examples below.

<b>Allegation</b>	<b>Supporting Facts</b>	<b>Proposed Resolution</b>
School staff secluded my child and did not tell me about it.	The principal placed my child alone in a room without windows. The principal held the door shut and my child could not leave the room. The principal did not tell me this had happened.	Provide training to the principal on the use of seclusion and parent notification requirements.
My child was restrained four times, but the school never had a meeting with me about it.	I called the teacher to find out why there a meeting was not set up after my child had been restrained so many times. The teacher told me we didn't have to meet.	Set up a meeting to see if my child needs a behavior plan or evaluation for additional services.
My child was restrained by someone who was never trained.	My child told me that Mr. Smith restrained my child. Mr. Smith is a substitute teacher and did not get training to restrain.	Make sure all staff, including Mr. Smith, receive training.
The teacher called me today to say my child was secluded, but I never received a write-up about this.	The teacher called me and let me know my son was secluded. I never received written information about this.	Provide me with the documents about my son's seclusion.

**Parent/Guardian Information** (Please print or type)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Phone number (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:

By Phone:  Cell  Home  Work

Preferred time(s) to contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Information**

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (if different from complainant): \_\_\_\_\_

\_\_\_\_\_

District/Community School: \_\_\_\_\_

School building: \_\_\_\_\_

Grade level: \_\_\_\_\_

Is your child open enrolled?  No  Yes

Does your child have an IEP or 504 plan?  No  Yes

Area of identified or suspected disability \_\_\_\_\_

\_\_\_\_\_

## Complaint Information

Date of the violation:<sup>2</sup> \_\_\_\_\_

Name and title of school officials you have contacted regarding these issues:

(1000 character limit)

Provide a description of the violation, including facts relating to the problem.

(1000 character limit)

Check here if you have included any additional documentation. Include as written or typed addendum.

<sup>2</sup> Per Ohio Administrative Code 3301-35-15 (L)(3)(a) [Complaint process], the date of the alleged violation **cannot** be more than one year prior to the date that you are filing the complaint.

Describe your attempts to resolve the current concern(s):

(1000 character limit)

Provide a proposed resolution to the problem.<sup>3</sup>

(1000 character limit)

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<sup>3</sup> The proposed resolution will be taken into consideration; however, the final resolution of the complaint will be determined by the Ohio Department of Education.

## Signature

I understand I will be contacted by the Ohio Department of Education to:

- Clarify and review my complaint facts; and
- Request submission of additional information or documentation to support my statements (if needed).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This form must be signed for the Ohio Department of Education to investigate.

- Please check the box to confirm you have sent a copy of this complaint to the superintendent of the school district the complaint is being filed against.

Mail signed complaints to the following address:

**Ohio Department of Education**

**Attn: Assistant Director of Dispute Resolution**

**25 South Front Street, 4th Floor, MS 409**

**Columbus, OH 43215**

**or**

**Email signed complaints to:**

**[OECComplaints@education.ohio.gov](mailto:OECComplaints@education.ohio.gov)**

If you have questions regarding the completion of this form or the complaint process, please contact the Ohio Department of Education, Dispute Resolution at [OECComplaints@education.ohio.gov](mailto:OECComplaints@education.ohio.gov) or (877) 644-6338.