



# 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](mailto: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/Non-binary: \_\_\_\_\_

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](mailto: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: \_\_\_\_\_