

# Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3700  
TTY: N.E.T. Relay 1-800-439-2370

## PROGRAM QUALITY ASSURANCE SERVICES PROBLEM RESOLUTION SYSTEM INTAKE INFORMATION FORM

**In order to address your current concerns as promptly as possible, the Department of Elementary and Secondary Education requests that you provide the following information.**

Name of School District/Collaborative/Private School:

Program:

School Location:

School Phone:

Your Name (printed):

**Your handwritten or electronic signature is required.**

**Your Signature:**

Your Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Your Role:

**If Other please specify:**

Accommodations you will need in communicating with the Department:

Student or Group Name:

Grade:

Age:

Gender:

Address:

Phone:

Language of Parent if not English:

Language of Student if not English:

Parent/Guardian if not you:

Home Phone:

Cell Phone:

Work Phone:

Address:

Address:

The local school person to whom a copy of this complaint has been forwarded:

The last local school person(s) you have contacted in an effort to resolve this problem:

Address:

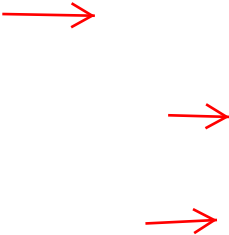
Phone:

[Received in ESE: \_\_\_\_\_ 60-Day Date: \_\_\_\_\_]

**Please describe your concern on the attached page, stating the specific facts on which the concern is based. Please attach any documents that you believe would be helpful to the Department of Elementary and Secondary Education in understanding your concern.**

**Please be certain to include a description of your attempts to resolve your current concern(s) prior to contacting the Department, and describe specific actions you believe would resolve your concern(s).**

**BRIEF STATEMENT OF CURRENT CONCERN(S)**



**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?**

*I request that the Department of Elementary and Secondary Education contact regarding the problem stated above.*

**Parent signature is encouraged if an Advocate is assisting in the resolution of this problem.**

**Signature of Parent/Guardian/Student 18 or over:**

**Date:**

**Sign and return this Intake Information Form to the PQA Intake Coordinator**

**By mail at 75 Pleasant Street, Malden, MA 02148-4906**

**OR**

**By Fax at 781-338-3710**

**OR**

**By email at [Compliance@doe.mass.edu](mailto:Compliance@doe.mass.edu) by saving the completed form and attaching it to your email, with a subject line that says: "LAST NAME PQA Intake Form".**

**Please remember to share it with the school district, either by email, mail or fax.**