



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

PHYSICAL RESTRAINT, ISOLATED TIME-OUT, AND/OR TIME-OUT (RTO) COMPLAINT FORM

As per [23 IAC 1.285](#), any parent or guardian, individual, organization, or advocate may file a **signed** written complaint with the State Superintendent alleging that a school district or other entity serving the student has violated this section. The complaint shall only be considered for review if it alleges a violation *not* more than one year prior to the date in which the complaint is received.

Use of this form including all information requested is required in order to process the complaint. In addition to this form, please complete Consent to Release Student Information. Upon completion of the form, please send as an attachment to restrainttimeout@isbe.net. For assistance in completing this form, please email restrainttimeout@isbe.net and someone will contact you.

COMPLAINANT INFORMATION

DATE OF ALLEGED RTO COMPLAINT	PARENT/GUARDIAN, ORGANIZATION OR ADVOCATE	ADDRESS	CITY	ZIP CODE
BEST DAYTIME PHONE NUMBER		CELL PHONE NUMBER	EMAIL	
RELATIONSHIP TO STUDENT: <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ADVOCATE			ANY ADDITIONAL INFORMATION PERTAINING TO RELATIONSHIP:	
PRIMARY LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: _____			BEST MODE OF COMMUNICATION: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	

STUDENT INFORMATION

NAME	DATE OF BIRTH	STUDENT ADDRESS	CITY	ZIP CODE
CHILD'S SCHOOL		SCHOOL ADDRESS	CITY	ZIP CODE
SCHOOL PHONE NUMBER (Include Area Code)		OTHER CONTACT INFORMATION		

COMPLAINT INFORMATION: The facts on which the complaint is based.

A DESCRIPTION OF THE NATURE OF THE PROBLEM, INCLUDING ANY FACTS RELATING TO THE PROBLEM:

STEPS TAKEN TO RESOLVE THE ISSUE:

OTHER INFORMATION (including facts related to the concern or any additional student names/contact information related to the concern):

Digital or Original Signature of individual completing this form

Date



Consent to Release Student Information

The Illinois School Student Records Act (ISSRA), 105 ILCS 10 and the Family Educational Rights and Privacy Act of 1974 (FERPA) 20 U.S.C. § 1232g; 34 CFR Part 99 limits release of student record information without the explicit written consent of the student or the parent or guardian of the student. **You are not required to consent to release of this information. The availability of student record information will assist the Illinois State Board of Education in providing technical assistance to the school district regarding your complaint.**

I hereby grant my consent to personnel from the Illinois State Board of Education to disclose and communicate regarding the information set forth below to the _____ [name of the School District] for the purpose of providing technical assistance to the school district regarding the complaint. I also understand that I have the right to copy and/or inspect any records disclosed pursuant to this signed consent.

Information to be disclosed by the recipient: Student information for _____ [student’s name] during the _____ [school year(s)] and related to _____ [incident described in the complaint] that occurred on _____ [date of the incident if known] including any documents created by _____ [name of school] regarding the specified incident and in accordance with the *Illinois School Student Records Act* 105 ILCS 10/1 *et seq.*

I agree to waive my rights under ISSRA and FERPA and grant permission to the Illinois State Board of Education to disclose information regarding the complaint to and from _____ [name of local school district]. I also acknowledge that this release is valid for the period of the investigation of the complaint but in any case no longer than six (6) months from the date of the signed consent or until I revoke this release in writing by notifying ISBE at restrainttimeout@isbe.net .

Parent or Guardian’s Signature: _____

Date: _____

If you have any questions or concerns, please email restrainttimeout@isbe.net and someone will make contact with you.

(6/21)