**ILLINOIS STATE BOARD OF EDUCATION**
Accountability Division
100 North First Street, E-230
Springfield, IL 62777-0001

**DISPUTE RESOLUTION PROCESS FOR - DISTRICT LEVEL**

| STUDENT NAME | STUDENT I.D. # |
|---|---|
| GRADE LEVEL | |
| SCHOOL NAME | |
| SCHOOL DISTRICT NAME AND NUMBER | |

**DISTRICT ACTION TAKEN ON COMPLAINT**

Taken within _____ school days on _____ after receiving notice of the complaint on _____.
(# of days) (Date Action Taken) (Date Complaint Received)

Did the Homeless Education Liaison resolve this dispute? ☐ Yes ☐ No

If the dispute was resolved, describe the actions taken by the liaison to resolute the dispute to the satisfaction of the parent/guardian.

If the dispute was not resolved to the satisfaction of the parent/guardian, provide the date that a District Education Officer convened a meeting of the parties and briefly describe the outcome of this meeting.

Was the parent/guardian provided with the attached list of organizations providing low-cost or free legal assistance with the information?

Action taken by the School District to resolve the dispute, if necessary:

Was the dispute finally resolved? ☐ Yes ☐ No Date resolved: _____

Explanation: *(Attach narrative to this form, if necessary)*