



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):

Signature of individual completing this form

Date