



## Reports Related to the Use of Seclusion & Restraint

The Indiana Department under the direction of the Commission on Seclusion and Restraint in Schools ([IC 20-20-40](#)) will accept incidents reports related to the use of seclusion and restraint in schools. Please read the following instructions before filling out all sections of this form. This form should be used only when all avenues have been exhausted to have your incident/ issue resolved at your student's school. This report is not intended to replace the process for making a special education complaint. Please go to <https://www.doe.in.gov/specialed/special-education-complaints> for that purpose.

First Name:

Last Name:

Street Address:

Street Address Line 1:

City:

Street Address Line 2:

Phone Number:

E-mail Address:

**Issue:** (Check all that apply.)

Plan Compliance       Statute Compliance       Data Reporting School

Corporation:

School Name:

**How did you become aware of this situation?**

**Who have you contacted previously about your complaint?** (Please indicate below.)

School Employee       Principal       Superintendent       School Board Meeting

**Report Details:**

Please provide an outline of your report. Include relevant date/details of phone conversation and/or meetings that you think are important in explaining your incident report. Please do not provide personally identifiable information regarding your particular student. Attach any extra pages or documents relevant to your complaint.

**How do you think this issue can be resolved?**

**Date:**

**Type Name Here:**

Per the Family Educational Rights and Privacy Act (FERPA), and equivalent state law, any information provided, which may identify a student, is confidential and will not be shared with any person outside the Indiana Department of Education. Likewise, the identity of any person who submits a report herein, will remain confidential.

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