



# 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](mailto:restrainttimeout@isbe.net). For assistance in completing this form, please email [restrainttimeout@isbe.net](mailto: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:<br><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:<br><input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: _____   |   |                           | BEST MODE OF COMMUNICATION:<br><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:   |   |                           |  |          |

**WHAT IS THE PROPOSED RESOLUTION OF 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*