Commonwealth GENERAL COUI Court of Fir Superior Municipal Cou	RT OF JUSTICE st Instance	
	Case No.	
Student seeking relief		
V.	Re: Law No. 195 of 2012, as amended, Student Bill of Rights	
Party against whom relief is sought		
r any agamen mioni rener to coagin		
COMPLAINT UNDER LAW NO. 195 of 2012 STUDENT BILL OF RIGHTS		
A student is any person between 5 and 21 years of a Department of Education or governed by the Puert	•	

statute, Special Education Program students are excluded. In such cases, the appropriate administrative complaint procedure shall be followed.

To the Honorable Court:		
Comes Now the student,,		
Student's First and Last Names in his/her own behalf [emancipated] or represented by the mother the father the guardian legal counsel an officer of an organization, and respectfully, states, alleges, and prays:		
1. The student's information (of the complainant) is:		
Sex: Male Female Intersex Identifies as: I don't know I rather not answer		
Which of the following terms describes the student? (check all that apply): Black or of African Descent White Indigenous Peoples Asian Identifies as:		
With which of the following does the student identify? (check all that apply): Puerto Rican American (USA) Dominican Colombian Mexican Cuban Asian European Identifies as:		
Email:		
Mobile Phone: ()		
Home Phone or other number: ()		
Physical Address:		
Is the physical address the same as the mailing address? Yes No (please provide a mailing address):		
The information of the person representing the student is: First and Last Names:		
If you represent an organization, please provide the name of the organization and your position:		
Is your contact information the same as the student's: Yes No (Please provide your contact information)		
Email:		
Mobile Phone: ()		
Home Phone or other number: ()		
Physical Address:		

the physical address the same as the mailing address? Yes No (please provide a
illing address):
opposing party's information is (fill out the applicable section):
(Name of Institution)
Name of the authorized representative:
Official Email:
Official Telephone: () Mobile phone or other number: ()
Institution's Physical Address:
Is the physical address the same as the mailing address? Yes No (please provide a mailing address):
(First and Last Names)
Relation to student:
Email:
Mobile Phone: ()
Home phone or other number: ()
Home phone or other number: () Physical Address:
Physical Address:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address):
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address):
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names)
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student: Email:
Physical Address:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student: Email: Mobile Phone: () Home phone or other number: ()
Physical Address:
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student: Email: Mobile Phone: ()
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student: Email: Mobile Phone: () Home phone or other number: () Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address):
Physical Address: Is the physical address the same as the mailing address? Yes No (please provide a mailing address): Place of Employment: Work Address: (First and Last Names) Relation to student: Email: Mobile Phone: (

Case No.		
Allegations (continued):		
5. Currently there is no there is a case pending related to these events in the Court of		
First Instance, Superior Municipal Court of ,		
Case No.		
6. Currently there is no there is a court order in effect related to these events under Law		
No. 195 of 2012, known as the <i>Student Bill of Rights,</i> in the Court of First Instance, Superior		
Municipal Court of , Case No		
7. Currently there is no there is a related administrative proceeding pending with the		
educational institution or with other entity. Describe the actions taken with the educational		
institution to resolve this controversy.		
-		
8. Indicate whether are able to appear for the hearings in this case remotely by videoconference:		
☐ Yes ☐ No		
9. Do you wish to receive court notices via text messages to the mobile phone number provided? Yes No (data or text charges may apply through your wireless service provider)		
☐ 163 ☐ No (data of text charges may apply through your wheless service provider)		
For the foregoing reasons, I pray that the Honorable Court grant the following relief and order		
respondent (the party against whom this complaint is filed) to:		

Form OAT 1903 October 2024

Page 4 of 4

	Case No.
Prayer for relief (continued):	
Trayer for folior (continued).	
circumstances are as stated above, and that th	inplainant to this case, that my name and personal is information stated in this document is true and ind belief, to which I attest. I further state that I will its at the hearing.
This day of	<u> </u>
Name of Student or Representative	Signature of Student or Representative
	Supreme Court Number (RUA) (when filed by counsel for complainant)

The Judicial Branch of Puerto Rico offers reasonable accommodation so that persons with disabilities may have the same opportunity to participate in court proceedings or in its programs, services, and activities. If you or the person seeking relief needs an interpreter or reasonable accommodation, you may fill out the Application for Interpreter Services, Reasonable Accommodation and Video Recording (OAT 1948), available at the Offices of the Clerk of the Court, Pro Centers, and the following Se on E-Court webpage: https://poderjudicial.pr/Documentos/formularios/OAT-1948-English-Version.pdf