

**Special Education State Complaint Form
Part B of IDEA and COMAR 13A.05.01.15**

This is the State Complaint form that the Maryland State Department of Education's (MSDE), Division of Early Intervention and Special Education Services (DEI/SES) has developed in accordance with State and federal requirements. While this form is *not* required for a complaint to be submitted, *all* information included on this form *must* be provided to MSDE, DEI/SES and the public agency responsible for the education of the student *before* an investigation can begin. Failure to provide the required information or to provide a copy of the complaint to the public agency responsible for the student's education may prevent or delay the resolution of the complaint.

Student Information, if alleging a violation with respect to a specific student:

Student's Name: Date of Birth:

Address:

City and State: Zip Code:

In the case of a homeless student, please include any available contact information.

Local Education Agency and School, or Local Infants and Toddlers Program currently providing services (if applicable):

Local Education Agency and School, or Local Infants and Toddlers Program where alleged violation occurred (if different):

Check One: High School Middle School Elementary School Other:

If additional space is needed to answer any of the following questions, please use additional paper.

The following is a statement of the alleged violation(s) of IDEA and the facts upon which the statement is based. **Please note that the alleged violation(s) must not have occurred more than one year prior to the date that the complaint is received.**

Please include any documentation that you have that supports the allegation(s) to assist MSDE and the public agency to better understand the violation(s) being alleged.

Date(s) violation(s) occurred or duration of the violation:

The following is a description of the nature of the student’s problem, including the facts relating to the problem:

If the complaint is in regard to a specific student, please provide a proposed resolution or remedy to address the problem. Please note that this information must be provided in order for MSDE to initiate a State complaint investigation regarding a specific student.

Information about the person filing the complaint (“complainant”) Please print:

Complainant’s Name:

Relationship to student:

Address, if different than the student’s:

City and State: Zip Code:

Telephone number(s): Email:

Signature of Complainant: Date:

Please note: If the complainant is not the parent of the student, as defined in IDEA and State law, a release of information, signed by the parent or legal guardian, must be provided to MSDE in order to share personally identifiable information about the student.

Complaints must be provided to both:

Alison Barmat, Esq., Chief
Family Support and Dispute Resolution Branch
Department of Early Intervention and Special Education Services (DEI & SES)
200 West Baltimore Street Baltimore, Maryland 21201
spedcomplaints.msde@maryland.gov

and

The Director of Special Education of the local school system or the public agency against which the complaint is being filed.