



## 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 Division of Special Education/Early Intervention Services (MSDE) 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 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.

Form and documentation can be emailed to: Marcella Franczkowski marcella.franczkowski@maryland.gov

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

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

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

School the student is currently attending: \_\_\_\_\_

School where alleged violation occurred, if different: \_\_\_\_\_

Check One:  High School  Middle School  Elementary School  Other: \_\_\_\_\_  
*(Please specify)*

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.**

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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"):

Complainant's Name: \_\_\_\_\_

*Please print*

Relationship to Student: \_\_\_\_\_

Address, if different than the student's: \_\_\_\_\_

\_\_\_\_\_  
*City* / *State* / *Zip Code*

Telephone number(s): \_\_\_\_\_

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**:

Marcella E. Franczkowski, M.S.  
Assistant State Superintendent  
Maryland State Department of Education  
Division of Special Education/Early Intervention Services  
200 West Baltimore Street  
Baltimore, Maryland 21201  
and

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