



Mohammed Choudhury
State Superintendent of Schools

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 Early Intervention and Special Education 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.

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:

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"):

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.

If you need assistance or have questions with the filing of this State complaint form, you may contact the MSDE Division of Early Intervention and Special Education Services at 410-767-7770.

Complaints must be provided to **both**:
Marcella E. Franczkowski, M.S.
Assistant State Superintendent
Maryland State Department of Education
Division of Early Intervention and Special Education 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.