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

The Maryland State Department of Education’s Division of Special Education/Early Intervention Services (MSDE) has developed this State Complaint form 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.

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.