

**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.*

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”) 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/Special Education Services (DEI/SES)  
200 West Baltimore Street Baltimore, Maryland 21201  
[spedcomplaints.msde@maryland.gov](mailto: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.