



200 West Baltimore Street • Baltimore, MD 21201 • 410-767-0100 • 410-333-6442 TTY/TDD • MarylandPublicSchools.org

Special Education State Complaint Form

Part C of IDEA and COMAR 13A.13.01.11 and .12

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 Local Infants and Toddlers Program against which the allegations are made *before* an investigation can begin. Failure to provide the required information or to provide a copy of the complaint to the Local Infants and Toddlers Program may prevent or delay the resolution of the complaint.

Child Information, if alleging a violation with respect to a specific child:

Child’s Name: _____ Date of Birth: _____

Address: _____

_____ / _____ / _____
City State Zip Code

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

_____ Child is birth to age 3 with an Individualized Family Service Plan (IFSP).

_____ Child is age 3 to kindergarten age with an extended IFSP.

Local Infants and Toddlers Program currently providing services (if applicable):

Local Infants and Toddlers Program against which the allegations are made (if different):

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 Local Infants and Toddlers Program 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 child's problem, including the facts relating to the problem:

If the complaint is in regard to a specific child, 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 child.**

Information about the person filing the complaint ("complainant"):

Complainant's name: _____
Please print

Relationship to child: _____

Address, if different than the child's: _____

City / _____ / _____
State / *Zip Code*

Telephone number(s): _____

Signature of Complainant: _____
Date

Please note: If the complainant is not the parent of the child, 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 child.

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 the Local Infants and Toddlers Program against which the complaint is being filed.