



**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 (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 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 and State:  Zip Code:

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

**Select One:**

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 and State:

Zip Code

Telephone number:

Signature of Complainant and 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**:

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  
Alison.Barmat@Maryland.gov

and

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