



## 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).

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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:

Email:

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](mailto:Alison.Barmat@Maryland.gov)

and

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