

## **Special Education State Complaint Form**

If you believe that a district or public education agency has violated a requirement of state or federal special education law, you may file a complaint with the Minnesota Department of Education (MDE). This form has been designed to assist you in filing a complaint. You are not required to use this form; however, information with an asterisk is required and must be provided.

1. Student Information				
*Student Name	Grade	Birthdate		
*Address				
*City	*State	*Zip Code		
*Name of the school the student attends				
Name of the school district/public agency the stude	ent attends			
2. Complainant Information				
*Your Name	*Phone Number(s)			
*Address (if different from 1 above)				
*City *State	te *Zip Code	*Email		
Your relationship to the student				
Name of school district/public agency this complain	nt is against			
3. Complaint Information				
*A. Statement of Alleged Violation: What is the alleged violation? (Describe the natur following my child's IEP.") While not required, it is individualized education program (IEP) or individualized	s helpful if you submit a co	py of the student's most recent		

*R	Sta	tem	ent	of	Facts:

occurred within one year of the date MDE receives the complaint.
child was seated in the back when I visited my child's class yesterday.") The alleged violation must have
support your allegation; for example, "My child's IEP states my child will be seated in the front of class; my
What are the facts on which your allegation is based? (Describe the event(s), date(s) and document(s) that

*C. Prop	osed	Resol	lution:
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How do you propose to resolve this allegation or problem? (Describe your proposal or suggestion to resolve this allegation; for example, "I want my child's teachers to seat my child in the front of class as stated in my child's IEP.")

## 4. Notice of Complaint

\*You are required to forward this Complaint to the district/public agency at the same time the Complaint is filed with MDE.

Date complaint sent to the district/public agency (mm/dd/yyyy).	
Name of person/title to whom you sent the Complaint (e.g. Superintendent, Special Education Director).	

## 5. Signature

*Signature of Person Filing Complaint		
Date (mm/dd/yyyy)		

If you have any questions concerning the complaint process or this form, please contact:

Minnesota Department of Education
Special Education Dispute Resolution Supervisor
Division of Compliance and Assistance
1500 Highway 36 West
Roseville, MN 55113-4266
651-582-8725 (Fax) 651-582-8201 (TTY)
651-582-8459 (Questions only, complaints must be written.)

Please mail or fax this form or complaint to the above address or fax number.