

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 student attends _____

2. Complainant Information

*Your Name _____ *Phone Number(s) _____

*Address (if different from 1 above) _____

*City _____ *State _____ *Zip Code _____ *Email _____

Your relationship to the student _____

Name of school district/public agency this complaint is against _____

3. Complaint Information

***A. Statement of Alleged Violation:**

What is the alleged violation? (Describe the nature of the problem; for example, "The teachers are not following my child's IEP.") While not required, it is helpful if you submit a copy of the student's most recent individualized education program (IEP) or individual family service plan (IFSP).

(Attach separate page with additional information if needed.)

***B. Statement of Facts:**

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

***C. Proposed Resolution:**

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.