

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 written complaint with the Minnesota Department of Education (MDE). The alleged violation must have occurred within one year of the date MDE receives the complaint. You are not required to use this form; however, MDE has designed this form to include the information required to begin the investigation. Once you submit your complaint to MDE, we will open a file and assign it to a complaint investigator. The complaint investigator will contact you.

1. Student Information

Student Name _____ Grade _____ Birthdate _____

Address _____

City _____ State _____ Zip Code _____

District in which the Student attends school _____

Name of the school the student attends _____

2. Complainant Information

Your Name _____ Phone Number(s) _____

Address (if different from Student's) _____

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:**

Describe the problem (e.g. "The teachers are not following my child's IEP.")

(Attach separate page with additional information if needed.)

B. Statement of Facts:

Describe the event(s), date(s) and document(s) that support your allegation (e.g. "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.") 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).

C. Proposed Resolution:

Describe your proposal or suggestion to resolve this allegation (e.g. "I want my child's teachers to receive training.")

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 *(type your name here or print out and sign)*

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
651-582-8689 651-582-8201 (TTY) 651-582-8725 (Fax)

To Submit your Complaint: Please **mail** this form or complaint to the above address **or email** to **mde.compliance-assistance@state.mn.us**.