

## Model Special Education State Complaint Form



### Filing a Complaint

Michigan Department of Education  
Office of Special Education and  
Early Intervention Services  
608 West Allegan Street  
Lansing, Michigan 48909  
Telephone: (517)373-2979  
Toll Free: (888)320-8384  
Fax: (517)373-7504

**INSTRUCTIONS:** Complete this form and mail, fax, or hand deliver it to the Michigan Department of Education - Office of Special Education and Early Intervention Services and the school district that the complaint is against.

The use of this form is not required. It is provided to assist in filing a State Complaint.

**NOTE:** \*Indicates required information. Requests received without all required information will NOT be processed.

### \*COMPLAINANT CONTACT INFORMATION

* Name:	* Date:
* Address:	* Telephone Number: (      )
	E-mail address:

### STUDENT INFORMATION (if Applicable)

* Name of Student:	* Age:	Date of Birth:	Grade:
* Address of Student (or contact information if student is homeless):	* City:	* Zip Code:	
Name of Parent or Guardian (if other than the person filing the complaint):		Resident District:	

### \*SCHOOL INFORMATION

* Name of the School the Student Attends:	* Name of the District the Complaint is Filed Against:
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**\*ALLEGATION OF NONCOMPLIANCE**

Provide a statement alleging how the district is not in compliance with a requirement of Michigan or Federal special education rules or regulations. You do not have to specify what law, but you must explain why you feel the school has not complied. Example: "The teacher is not following my child's IEP, he is not getting accommodations." You can submit more than one allegation of noncompliance on the same complaint form. (Attach additional pages if necessary.)

**\*FACTS RELATED TO THE ALLEGATION**

Based on the Allegation of Noncompliance, include the facts relevant to each allegation. Include all important facts in this description. Example: "My son's IEP says he is supposed to get extra time to take tests. On October 24<sup>th</sup> he was not allowed extra time on his history exam." (Attach additional pages if necessary.)

**\*PROPOSED RESOLUTION**

Briefly explain how you think the issue should be resolved. (Attach additional pages if necessary.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

## MEDIATION

***The Michigan Department of Education (MDE) encourages the parties to resolve complaints through mediation or other informal dispute resolution processes.***

Mediation is a voluntary process. A trained, impartial mediator assists the parties in reaching a mutually acceptable resolution of the concerns or dispute between the parties. Discussions during mediation are confidential.

The MDE provides mediation services at no cost to the complainant or the district if they choose to use the Michigan Special Education Mediation Program (MSEMP). The MSEMP is a program funded by a grant from the MDE.

If you are interested in resolving the complaint through mediation or informal resolution the MDE will forward your name and telephone number to the MSEMP. They will contact you to fully explain the mediation process. If you choose to participate in the mediation process the MSEMP will contact the district to determine if the district chooses to participate in mediation. If so, the MSEMP will make the arrangements and schedule the mediation meeting(s).

If you and the district attempt to resolve the complaint by mediation the complaint will be held in abeyance (set aside) until the mediation process is completed. If the issue is resolved through mediation the complaint will be withdrawn. If the issue is not resolved through mediation the MDE will proceed with the investigation.

**Please sign your name in the box below if you want the MSEMP to contact you to discuss resolving the complaint through mediation.**

I am interested in resolving this complaint through mediation or informal resolution.

I give the Michigan Department of Education permission to forward my name and telephone number to the Michigan Special Education Mediation Program.

My telephone number is: \_\_\_\_\_

The best time to contact me is: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information about mediation and informal dispute resolution see the MDE Special Education State Complaint Procedures or contact the Michigan Special Education Mediation Program (MSEMP) at (800)8RESOLVE or [www.cenmi.org/msemp](http://www.cenmi.org/msemp).