

New Mexico Public Education Department, Special Education Division

State Complaint Form



Instructions: Any individual or organization may file a state complaint if it is believed that a school district, charter school, other public agency, or PED violated federal or state special education requirements. The use of this complaint form is not mandatory, but any written complaint should include the required information below. Complaints may be submitted via U.S. Mail or E-Mail. This completed form should be submitted to:

Via Regular Mail:

Alternative Dispute Resolution Coordinator
Special Education Division/OGC
New Mexico Public Education Department
300 Don Gaspar
Santa Fe, NM 87501

Via E-Mail:

Dispute.Resolution@ped.nm.gov

**If you have any questions, please contact the
Alternative Dispute Resolution Coordinator at
505-309-1214**

Please select one of the following:*

- I am the parent/guardian/surrogate parent of the student I am the adult student I am the parent or adult student's attorney/advocate
I am a non-parent complainant (This may include organizations or individuals that are not parents or representatives of parents.)

SECTION I - Student Information (Complete if a student will be named in the complaint.)

STUDENT NAME	DATE OF BIRTH
STUDENT SCHOOL	STUDENT SCHOOL DISTRICT/CHARTER SCHOOL/OTHER PUBLIC AGENCY

SECTION II - Parent/Complainant Information

NAME OF PARENT/GUARDIAN/SURROGATE PARENT/COMPLAINANT*	DAY TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF COMPLAINANT'S ATTORNEY/ADVOCATE (If applicable)	ATTORNEY/ADVOCATE TELEPHONE (Include Area Code)
ATTORNEY/ADVOCATE ADDRESS (Street, City, State, Zip Code)	ATTORNEY/ADVOCATE E-MAIL

SECTION III - Public Agency Information (Complete if you are the public agency representative or attorney.)

NAME OF DISTRICT/CHARTER SCHOOL/OTHER PUBLIC AGENCY*	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
PRIMARY CONTACT NAME/TITLE	PRIMARY CONTACT TELEPHONE (Include Area Code)
PRIMARY CONTACT ADDRESS (If different from public agency)	PRIMARY CONTACT E-MAIL
NAME OF ATTORNEY (If applicable)	ATTORNEY TELEPHONE (Include Area Code)
ATTORNEY ADDRESS (Street, City, State, Zip Code)	ATTORNEY E-MAIL

SECTION IV - Language and Accessibility

Will the assistance of an interpreter or other accommodations be needed?

Yes

No

If yes, please describe:

SECTION V - Complaint Issues

We request the following issues be investigated (check all that apply).

Identification and eligibility for services

Behavior/Disciplinary/Manifestation Determination

Educational evaluation

Change of placement

IEP development or implementation

Reimbursement for services

Provision of a free appropriate public education

Other

SECTION VI - Description of the Nature of the Problem*

Please explain how you believe the district, charter school, public agency, or PED has violated federal or state special education law. You are not required to specify which special education law has been violated, but you must explain why you believe the school has not complied with the law. Please include dates and any important facts related to the violation. Attach additional pages as necessary. *You may attach any **documents that you believe support your complaint.****

SECTION VII - PROPOSED REMEDY, RESOLUTION, OR SOLUTION (student specific allegations only)*

*Briefly explain how you would like the problem to be resolved. (Attach additional pages as necessary.)**

I have additional pages and/or documents that I am submitting with this State Complaint Form.

A copy of your state complaint must be submitted to your local school district, charter school, or public agency at the same time this complaint is filed with the Department.

I will forward this complaint to the school district, charter school, or public agency.* (If emailed, please include the dispute resolution email provided above.)

I understand that I am responsible for informing the NMPED if my address or any other contact information changes prior to the completion of the investigation and the issuance of a complaint resolution report.*

SECTION VIII - Alternative Dispute Resolution

Alternative dispute resolution (ADR) includes voluntary processes available to parents at no cost and can often result in the resolution of conflicts without a formal investigation. ADR will proceed concurrently with the complaint investigation process UNLESS the parties agree to extend the deadline for completion of the investigation. Mediation and facilitation are the available options for ADR. Please indicate your interest in the options below:

I agree to participate in a mediation session where the public agency and I will meet with an assigned mediator to potentially create a legally binding mediation agreement that resolves some or all of the issues raised in this complaint.

I agree to in participate in a state-facilitated individual educational plan (IEP) team meeting with an assigned facilitator who will assist in completing the student's IEP and possibly resolving some or all of the issues raised in this complaint.

SECTION IX - Signature of Parent, Complainant, or Representative*

*Signature (Electronic or Digital Signatures are acceptable)**

*Date**

Complaint Checklist

Before mailing or emailing your request for a complaint investigation, make sure the items below have been completed:

If the state complaint concerns a specific student, you have provided the student's name, address of residence (if applicable), and the name of the school the student attends.

You have provided your name, address, and contact information where you can be reached.

You have provided detailed information as to when, where, and how the alleged violation(s) took place.

You have provided a proposed resolution to the problem.

You have signed your complaint and provided a copy of it to the school district, charter school, or other public agency.

You have mailed or emailed your complaint in time for it to be received by the NMPED no later than one year after the alleged violation(s) occurred.