



# 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@state.nm.us

**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 to 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 supports 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.

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 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 a 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 am interested in a mediation session where the public agency and I agree to meet with an assigned mediator to potentially create a legally binding mediation agreement.

I am interested in a state-facilitated individual educational plan (IEP) team meeting with an assigned facilitator to attend an IEP team meeting and assist in completing the student's IEP.

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

<i>Signature (Electronic or Digital Signatures are acceptable)</i>	<i>Date:</i>
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# Complaint Checklist

Before mailing/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, and 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 have provided a copy of your complaint to the public agency

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