



STATE COMPLAINT INVESTIGATION REQUEST FORM
 This form may be used to file a state complaint investigation request.

Please send to: Date of receipt by MDOE:
 Dispute Resolution Office
 Office of Special Services and Inclusive Education
 Maine Department of Education
 23 State House Station
 Augusta, ME 04333-0023
 Email: dueprocess.doe@maine.gov
 Fax: (207) 624 – 6641

Are you willing to participate in mediation? Yes No
 (Mediation will not interfere with the timeline for a complaint investigation)

1. Name of person requesting a complaint investigation: _____
 (Required) (please print)

Please check one:			
Parent <input type="checkbox"/>	Adult Student (18 or older) <input type="checkbox"/>	School District/CDS <input type="checkbox"/>	Surrogate Parent <input type="checkbox"/>
Guardian <input type="checkbox"/>	Attorney for District/CDS <input type="checkbox"/>	Attorney for child <input type="checkbox"/>	Interested Party <input type="checkbox"/>

2. **Contact Information:**
 Parent #1 (Required)

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

Parent #2 (Optional)

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

Interested Party (**Required if person making request, otherwise, optional**)

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

3. Child’s Information (*Required; other items are optional)

Child’s Name*	
Date of Birth	
List Disability	
Child’s residence*	
Home phone	
School district/CDS site	
School/ program*	
Grade/Level	
Address of program	

Does the child have a current IEP? Yes No

Is the Child tuitioned to the school/program listed above? Yes No

If yes, which town or district is responsible? _____

Will the parent(s)/adult student be represented by an attorney or advocate in this complaint investigation? Yes No

4. Attorney/Advocate’s Information (Optional)

Name of Attorney/Advocate	
Address	
City	
State/Zip code	
Email address	
Phone number	
Fax number	

5. Description of the issue(s): (Required)

Note: Completely and accurately describe the reason(s) you are asking for an investigation. Please be as complete as possible including dates, names, and places when appropriate, as well as all the issue(s) you want the investigator to address, and the facts relating to those issues. **(Use additional pages if needed)**

6. How could this problem be resolved? (Attach additional pages if necessary)

This form must be mailed to the Maine Department of Education, DRO, 23 State House Station, Augusta, ME 04333, or faxed to 207-624-6641, or emailed to dueprocess.doe@maine.gov. At the same time, you must send a copy to the school district Superintendent. Please sign below that you are complying with this requirement.

I certify that I am sending this complaint investigation request to the Maine Department of Education and at the same time, I am sending a copy to the school district Superintendent. **(Required)**

Signature

Signature of individual submitting request (Required)

Signature

Date

Print Name

For additional information or assistance, you may wish to contact:

- The superintendent or special education director of the school district or CDS site board chair or regional CDS site director.
- The MDOE, Dispute Resolution Office-telephone: 207-624-6644 fax: 207-624-6641 Maine Relay 711 or email: dueprocess.doe@maine.gov
- The Maine Parent Federation (MPF) 800-870-7746

The Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Dispute Resolution Office, at 207-624-6644, Maine Replay 711 or email: dueprocess.doe@maine.gov

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