



IDEA PART B STATE COMPLAINT MODEL INTAKE FORM

In accordance with [Part B of the Individuals with Disabilities Education Act](#) (IDEA), any individual or organization may submit a state complaint to the Massachusetts Department of Elementary and Secondary Education (Department). The Department's Problem Resolution System Office (PRS) handles these complaints on behalf of the Department.

Use of this form is not required to submit a complaint to PRS. However, a complaint must contain certain information, including:

- ☐ The state complaint must allege a violation of the requirements of the IDEA Part B, its implementing federal regulations, state special education law, or state special education regulations.
- ☐ The complaint must allege a violation that occurred not more than one year prior to the date the complaint is received.

The questions marked with an asterisk symbol (*) are required, per [34 C.F.R § 300.153](#). In addition to these requirements, PRS requests additional optional information related to this complaint to assist PRS in its investigation.

If you have any questions about the PRS process or this form, please contact the PRS Office at (781) 338-3700 or DESEcompliance@mass.gov.

PUBLIC AGENCY

*Name of District/Collaborative/Public Agency: _____

School Name/Location: _____ Address _____

Type of Student Program: General Ed___ Special Ed (IEP) ___ 504 Plan ___ Home School ___

COMPLAINANT'S CONTACT INFORMATION - *person or organization filing a complaint with PRS.*

* Complainant's Name (printed): _____

* Complainant's Address: _____ City: _____ State: _____ Zip Code: _____

* Complainant's Phone Number: _____ E-Mail: _____

Your Role:

- ☐ Parent
- ☐ Advocate
- ☐ Education Surrogate Parent
- ☐ Student

- ☐ Educational Entity Staff
- ☐ Other: _____

Primary Language: _____

Complainant's request for accommodations from the Department related to this complaint (if any):

CHILD OR CHILDREN SPECIFIC COMPLAINTS

Is this complaint related to an:

- ☐ Individual Student or
- ☐ Group

If alleging violation(s) with respect to a specific student:

* Student's Name: _____ Grade: _____ Age: _____ Preferred Pronouns: _____

* Student's Address (if different from Complainant's address): _____

* Name of the school the student is attending: _____

Student's Primary Language: _____

In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), the following is required:

* Student's available contact information: _____

PARENT/GUARDIAN CONTACT INFORMATION *if different from the Complainant*

Parent/Guardian Name: _____

Parent/Guardian's Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone Number: _____

E-Mail: _____

*** STATEMENT OF CONCERN**

A statement, **including the facts on which the statement is based**, that a district/school/public agency has violated the requirements of Part B of the IDEA, its implementing regulations, state special education law, or state special education regulations within one calendar year of the date that the complaint is received.

**A proposed resolution of the problem to the extent known and available to the Complainant at the time the complaint is filed.*

SPECIAL EDUCATION MEDIATION

Mediation is a no cost, voluntary, and confidential dispute resolution process available through the Bureau of Special Education Appeals. In mediation, an impartial mediator helps parents/guardians and school staff clarify the issues and underlying concerns, explore interests, discuss options and collaborate to reach mutually satisfactory agreements that address the needs of the student.

Would you be interested in mediation to try to resolve the issues raised in this complaint?

☐ Yes ☐ No

Are any of these concerns **currently** being addressed through Mediation or a Hearing at the Bureau of Special Education Appeals (BSEA)?

- ☐ Yes, at least one of the issues raised in this complaint is currently being addressed by the BSEA.
- ☐ No, these concerns are not currently being addressed by the BSEA.

DOCUMENTATION

You may submit documentation in support of the complaint along with this complaint intake form.

The party filing the complaint must forward a copy of the complaint to the local educational agency or public agency serving the student at the same time the party files the complaint with PRS.

- ☐ A copy of the completed complaint was sent on _____ (date) to the following individual at the local educational agency or public agency:

Name and Title: _____

Address: _____

Telephone: _____

Email: _____

Complainant's Signature: _____

Sign and return this PRS Intake Form to:

Massachusetts Department of Elementary and Secondary Education

Problem Resolution System

135 Santilli Highway

Everett, MA 02149

Fax: 781-338-3710

DESEcompliance@mass.gov

You may submit a complaint via email, postal mail, fax, or drop-off at the contact information listed above. If you submit a complaint via email, please attach a copy of the completed Intake Form to your email and send it to PRS with a subject line that reads: Completed PRS Intake Form.

CONFIDENTIALITY AND THIRD-PARTY COMPLAINANT

PRS will not share personally identifiable student information with a third-party unless PRS has written consent authorizing it to share such information or other documentation entitling the third-party access to otherwise protected information (e.g., in response to a lawfully issued subpoena or judicial court order as permitted under 34 C.F.R. § 99.31(a)(9)(i) and (ii)). If a third-party individual or organization files a complaint on behalf of a named student, following the filing of this complaint PRS will request a release of information from the student's parent/guardian or the student if appropriate.