



STATE OF NEW MEXICO  
PUBLIC EDUCATION DEPARTMENT  
SPECIAL EDUCATION BUREAU  
120 SOUTH FEDERAL PLACE, ROOM 206  
SANTA FE, NEW MEXICO 87501  
Telephone (505) 827-1457  
[www.ped.state.nm.us](http://www.ped.state.nm.us)

Hanna Skandera  
Secretary of Education

Susana Martinez  
Governor

New Mexico Public Education Department  
Special Education Complaint Form  
(Use of this form is optional)

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Date: \_\_\_\_\_

**Please complete all information and mail to:**

New Mexico State Special Education Director  
New Mexico Public Education Department  
Special Education Bureau  
120 South Federal Place, Room 206  
Santa Fe, NM 87501

I. **Public Agency or School District serving the child:** \_\_\_\_\_

II. **Complainant and Student Information:**

a. Complainant(s) Name(s): \_\_\_\_\_

b. Address (or available contact information): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Phone number (s):

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ FAX \_\_\_\_\_

d. If the alleged violation of state or federal special education law is with respect to a specific child, please provide the following information:

1. Student's Full Name:

\_\_\_\_\_

2. Student's Date of Birth (optional): \_\_\_\_\_

3. Student's Address (or available contact information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. School Student Attends:

\_\_\_\_\_

**III. Representative Information (if applies):**

a. Are you using an:

Attorney \_\_\_\_\_ Advocate \_\_\_\_\_ Other Representative \_\_\_\_\_

b. If using any of the above, please identify:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number(s):

HM \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ FAX \_\_\_\_\_

**IV. Details Concerning Complaint:**

- a. Complainant, please describe how the school district or charter school has violated a requirement of Part B of the Individuals with Disabilities Education Act and the facts relating to the complaint: (Who? What? Where? Why?) *Attach any documents that support your position.*

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- b. Does the complaint allege violations that occurred in the last year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide specific dates:

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- c. Describe a proposed resolution of the problem to the extent known:

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**V. Signature and Date:**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**VI. Mediation:**

Federal law requires that the State make mediation available to the parties in response to a Formal Complaint. Mediation is offered at no cost to the parties. Mediation is encouraged and may be beneficial in resolving your concerns. Mediation is voluntary, and both parties must agree to mediate the dispute. You may request mediation now by signing below or at any time during the complaint investigation process.

I request mediation: \_\_\_\_\_ I decline mediation: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**VII. Facilitated Individuals Education Program (FIEP):**

State Rules allows parties to a state-level complaint to participate in a FIEP to help resolve the dispute. A FIEP is voluntary, and both parties must agree to a FIEP. You may request a FIEP now by signing below or at any time during the complaint investigation process. This is provided at no cost to the parties.

I request a FIEP: \_\_\_\_\_ I decline a FIEP: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

THE PARTY FILING THIS COMPLAINT MUST FORWARD A COPY OF THE COMPLAINT TO THE SCHOOL DISTRICT OR PUBLIC AGENCY SERVING THE CHILD AT THE SAME TIME THIS COMPLAINT IS FILED WITH THE SPECIAL EDUCATION BUREAU.