

Formal Dispute Resolution Request

NAME OF INDIVIDUAL/ORGANIZATION FILING COMPLAINT		DATE
ADDRESS		
CITY STATE ZIP CODE		
CHILD'S NAME/DATE OF BIRTH/ADDRESS	FAMILY RESOURCES COORDINATOR	LOCAL LEAD AGENCY
TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS
<p>The primary purpose of this form is to document the option(s) (mediation, due process hearing, and/or administrative complaint) selected in order to initiate the appropriate process to resolve a disagreement. Please provide the information requested on this form, sign, date, and return it to the address listed above. Parents may request assistance in completing this form by contacting their Family Resources Coordinator, Local Lead Agency, or Early Support for Infants and Toddlers program (ESIT) staff. Descriptions of the dispute resolution options are contained in the <i>IDEA Part C Procedural Safeguards (Parent Rights)</i> document.</p>		
FORMAL DISPUTE RESOLUTION OPTION(S)		
<input type="checkbox"/>	<p>Mediation Only Mediation can be requested alone prior to filing a request for either a due process hearing or administrative complaint OR it can be requested at the same time as a due process hearing or administrative complaint. Check this box if you want to attempt to resolve this issue through mediation alone.</p>	
<input type="checkbox"/>	<p>Due Process Hearing Check here if you initially want to attempt to resolve the dispute through Mediation prior to the due process hearing.</p>	
<input type="checkbox"/>	<p>Administrative Complaint Check here if you initially want to attempt to resolve the dispute through Mediation prior to the investigation of the complaint.</p>	

PROVIDER/ORGANIZATION DISPUTE FILED AGAINST

NAME OF EIS PROVIDER / ORGANIZATION SERVING THE CHILD

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

OTHER PARTIES TO DISPUTE (IF APPLICABLE)

STATEMENT OF DISAGREEMENT

Please provide a written description of the nature of the problem of the child relating to the proposed or refused initiation or change.

FACTS SUPPORTING STATEMENT OF DISAGREEMENT

Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (i.e., IFSPs, written correspondence, evaluations/assessments) that may verify your concerns. Be as specific as possible.

SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a written description of a proposed resolution of the problem to the extent known and available to the party filing the complaint at this time.

Please list the dates and timeframes that you are available over the next two weeks if you selected mediation and/or a due process hearing.

Signature

Date

A copy of this complaint must be sent to the agency and/or EIS provider serving the child at the same time the party files the complaint with the lead agency.

February 2012