

**New Jersey Department of Health and Senior Services  
 Early Intervention System  
 P. O. Box 364  
 Trenton, NJ 08625-0364**

**AGREEMENT REACHED  
 WITHDRAWAL OF MEDIATION, HEARING OR COMPLAINT**

Name of Individual/Organization Filing Complaint	Date
Participating Agency/Provider Complaint Filed Against	
Nature of Complaint	
Steps Taken by Participating Agency/Provider to Address Concerns	
Next Steps Agreed Upon to Address Concerns	

I have reviewed and discussed the above information with \_\_\_\_\_ .  
 I feel that adequate steps have been agreed upon that address my concern(s). Therefore, I am withdrawing my formal complaint at this time.

I understand that I may, at any time, re-file this complaint should the agreed upon steps not be carried out, if I am dissatisfied with the results or for any other reason. I also understand that I may file a complaint on other matters related to provision of early intervention services. I have received a copy of "Family Rights in the new Jersey Early Intervention System." These rights have been explained to me and I understand them.

Signature of Parent	Date
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Agency/Provider agrees to implement/complete the steps contained in this agreement.

Signature of Participating Agency/Provider	Date
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