Early Intervention Complaint Registry Form

Please feel free to make copies of this form or use additional paper. Please print or type.

• •	n (EI) Advisor assigne	•	*	arry Learning (OCDEL) Earry		
☐ By pho Best tin	By phone (list numbers) Best time during normal business hours to call					
-	In person at a public facility during normal business hours. The location will likely be a County Early Intervention Program Office or Intermediate Unit/Preschool Program Office.					
Are you file	ing this complaint on l	pehalf of a specifi	ic child? Yes No			
Please prov	vide the name and add	ress of the child:				
Child's Name:Address:						
Please prov	vide the name of the In	fant/Toddler EI F	Program or the name of th	ne Preschool EI Program:		
Please prov	vide your contact infor	mation and your	relationship to the child.			
Name:						
Address: _						
Phone Nu			Work	Cell		
Relationshi	ip to child:					
☐ Parent	☐ Attorney	☐ Advocate	☐ Community Organiz	ation Other		
On or abou	it what date did the vic	lation occur?	Date			

To clarify my allegations, I would like	the EI Advisor to interview	v the following person(s).				
Name	Occupation/Title	Phone Number/E-Mail Address				
Please provide a statement about the issue or violation which you believe has occurred. Please include a description about the nature of the problem. Please list the facts that support your statement. Feel free to use extra paper and staple to this form. What do you feel is a satisfactory remedy to this situation?						
	be sent to the County Earl	s to the child's EI program. For Infants/Toddlers y Intervention Coordinator. For Preschoolers age				

Date

By signing below, you indicate to the EI Advisor that you have provided a copy of the complaint to the appropriate EI program offices. If you are not sure who to send this complaint form to, please contact OCDEL at 717-346-9320 for assistance.

Signature