

**COMPLAINT REQUEST****Alleging violation of Individuals with Disabilities Education Act (IDEA),  
Part C and AzEIP Policies and Procedures**

If early intervention services do not occur within the time-frame or manner in which you would expect, please contact your service coordinator first, then their supervisor and lastly the program director to discuss your concerns. Your service coordinator is available to answer your questions, discuss your concerns with other team members noted on your Individualized Family Service Plan (IFSP), and if needed, bring your IFSP team together to discuss possible changes to your family's IFSP.

If you are not able to reach an agreement with your early intervention provider, you may (1) file a written complaint, (2) request mediation, and/or (3) a due process hearing to resolve the disagreement. During the time period in which your request is being reviewed, investigated, or processed, and unless your participating provider and you otherwise agree, your child and family will continue to receive the appropriate early intervention services currently being provided. Select the option(s) below that you would like:

1. Contact me to discuss my questions and concerns as I am not sure which process will be most effective to address my concerns. *(Provide your contact information below)*
2. **Mediation** – you may request a mediation when you disagree with an agency or provider regarding your child's identification (child is suspected of having developmental delay), evaluation, eligibility (placement), or the provision of appropriate early intervention services.  
  
Mediation is a voluntary process and may only be used when both parties to the dispute agree to participate. Participation in mediation does not deny you the right to a due process hearing or any other procedural safeguard under the Individuals with Disabilities Education Act (IDEA), Part C.
3. **Due Process Hearing** – you may request a due process hearing to resolve disagreements related to an agency or provider's proposal or refusal to initiate or change the identification (child is suspected of having a developmental delay), evaluation, eligibility (placement), or the provision of appropriate early intervention services.
4. **Complaint** – Any individual or organization may file a signed, written complaint alleging a violation of the requirements of IDEA, Part C, and/or its regulations by DES/AzEIP Service Providing Agency, or early intervention professional.

Name of Person(s) or Entity filing complaint \_\_\_\_\_

Date \_\_\_\_\_

Indicate if the person listed is an appointed surrogate parent:    Yes    No

Address (No., Street, City, State, ZIP) \_\_\_\_\_

Phone No. (Include area code) \_\_\_\_\_ Select one:    Work Phone    Home Phone    Cell Phone

Email Address \_\_\_\_\_

Name of Child (If complaint is regarding a specific child) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name(s) of Parent or Guardian (If different than above) \_\_\_\_\_

Address (No., Street, City, State, ZIP) \_\_\_\_\_

Phone No. (Include area code) \_\_\_\_\_ Select one:    Work Phone    Home Phone    Cell Phone

Email Address \_\_\_\_\_

Name of Service Coordinator \_\_\_\_\_

Name of Agency or Program Providing Service Coordination (Select one):

DES/Division of Developmental Disabilities (DDD)/contractor    DES/AzEIP contractor

Provide a statement that describes how the early intervention program has violated IDEA, Part C and corresponding AzEIP Policies and Procedures.

Date(s) when you believe the violation(s) occurred: \_\_\_\_\_

Do you believe the alleged violation(s) continue(s) today?    Yes        No

Describe the facts on which the complaint is based.

If you have a suggestion for how the problem should be resolved, please include it here.

Required Signature of Person(s) or Official Entity Filing System Complaint

\_\_\_\_\_ Date \_\_\_\_\_

**AzEIP Complaint Request must be mailed or faxed to:**

Arizona Early Intervention Program (AzEIP)  
Attn: Complaints  
1789 W. Jefferson St., Mail Drop 2HP1, Phoenix, AZ 85007  
Fax No.: 602-200-9820

Send the completed forms and any additional documents you would like to submit, to the above address or fax number.

**Questions concerning this form or the complaint process may be addressed by contacting:**

DES/AzEIP Office - 602-532-9960 or  
Toll-Free in Arizona - 888-439-5609 (outside of Maricopa County)

**FOR OFFICE USE ONLY**

NAME OF DES/AzEIP REPRESENTATIVE WHO RECEIVED COMPLAINT

DATE COMPLAINT WAS RECEIVED

\_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.