North Carolina Infant-Toddler Program Filing a State Complaint

Complainant:	If the complaint is child specific, are you the parent of the child? yes no
Address:	Phone:
This form contains all of the required co one year prior to the date of the compla	ontent for filing a state complaint. The complaint must allege a violation that occurred no more than int.
A statement that the NC ITP, the CDSA	a, or an early intervention service provider has violated a requirement of Part C of IDEA:
The facts on which the statement is bas	sed (attach an additional page if necessary):
Child's Name:	ic child, please stop and sign below. If alleging violations with respect to a specific child: Date of Birth:
Child's Address: Name of the Early Intervention Provider	r sorving the shild (if applicable):
	r serving the child (if applicable):
Phone:	
Describe the nature of the problem, including facts related to the problem. You may also suggest a potential resolution to the complaint: (Attach an additional page if necessary)	
Complainant Signature	Date
Parents can request a due process hearing to resolve any complaints with respect to their infant or toddler regarding any matter related to the identification, evaluation, placement of their child, or the provision of early intervention services to their infant or toddler with a disability and that infant's or toddler's family.	
Parents can also request a voluntary mediation conference. The mediation conference is an informal, impartial and non-adversarial dispute resolution process. While mediation is encouraged, it is not required. Mediation can be requested at any time, before filing a request for due process or during the complaint process. A mediation request will not delay the timelines for conducting a due process hearing and will not deny the parent's right to a due process hearing.	
The NC ITP Notice of Child and Family Rights contains a full description of the State Complaint Procedures.	
Send To: Early Intervention Branch Head Division of Public Health 1916 Mail Service Center Raleigh, NC 27699-1916	For Office Use Only Date received by CDSA N/A Date received by Early Intervention Branch State Office

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Purpose: The purpose of this form is to assist in filing a complaint. Submission of this form, or a letter from a parent with required

content, constitutes filing a complaint.

Instructions: If the complaint is not child specific, completion of section one is sufficient along with the Complainant's signature.

For a child specific complaint, the following information is to be entered on the form:

The name and address of the child;

The name and address of the parent;

The name and address of the agency or service provider against whom the complaint is made; C.

A statement of facts describing the nature of the complaint, and

The signature of the parent making the complaint, with the date of signing.

Parents may submit this form, or a letter with the required content listed above, directly to the Early Intervention Branch. If the form is received by a CDSA, the Early Intervention Branch Central office must be notified and the form forwarded to the Branch office immediately. Retain a copy and file in the child's Infant-Toddler Program record. Forms may be mailed to the address listed below.

Early Intervention Branch Head Division of Public Health 1916 Mail Service Center Raleigh, NC 27699-1916

The Early Intervention Branch office will involve the relevant CDSA in all complaints initiated to the Branch office. If received at the Early Intervention Branch State Office, and the CDSA has not received a copy, the Early Intervention Branch State Office will send a copy to the CDSA

Disposition: Infant-Toddler Program records, including financial and automated information, must be maintained based upon the

Infant-Toddler Program's record retention policy. Records must be archived in accordance with state requirements to

ensure their preservation for the required length of time.