*To record a parent complaint, please collect the following information to assist with follow-up using the formal or informal dispute resolution process:*

Parent/Legal Guardian: Phone:

*First and Last Name*

Address Phone:

Child: DOB:

*First and Last Name*

Service Coordinator: County:

*First and Last Name*

Service Provider: Service Type:

*First and Last Name*

Service Provider: Service Type:

*First and Last Name*

Service Provider: Service Type:

*First and Last Name*

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| ***What regulation(s) under Part C of IDEA may have been violated?*** |
| ***Please provide a general summary of the complaint (i.e., a description of events/actions/inaction and current situation). Use the back of this form as needed:*** |
| ***Please describe any requested/proposed resolution provided:*** |
| **The parent(s) is interested in:** * Formal Dispute Resolution
* Informal Dispute Resolution
 | **Follow-up action taken included:** * Provision of Written Complaint Form
* Provision of Family Rights Booklet
* Contact EIP Coordinator, Service Coordinator, and/or Service Provider(s)
* Other:
 |

Person Recording the Complaint: Date:

*First and Last Name*