*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*