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*North Carolina Infant-Toddler Program*

# Parent Request for Mediation and/or Administrative Due Process

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| **Child’s Name:** |  | **Date of Birth:** |  |
| Child’s Address:  |       |
|  |       |
| Parent’s Name: |       |
| Parent’s Address: |       |
|  |       |
| Parent’s Phone: |       | Best Time to Call: |       |
|  |       |  |       |
|  |  |
|  |
| Name of Agency Complaint is Against: |       |
| Name of Person Complaint is Against (if applicable): |       |
| Address: |       |
| Phone: |       |  |
|  |
| Please give a statement of facts describing the nature of the complaint. (You may attach an additional page if necessary). |
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| I understand that by completing and submitting this form to the North Carolina Infant-Toddler Program at the address below, I am filing a formal request for Mediation and / or an Administrative Due Process Hearing. |
| I understand that I have certain Child and Family Rights under the North Carolina Infant-Toddler Program in regard to the resolution of disagreements. I have received a copy of the *North Carolina Infant-Toddler Program Notice of Child and Family Rights*. I have been informed of and understand my rights under the Infant-Toddler Program.  |
|  |       |  |       |  |
|  | *Parent Signature* |  | *Date* |  |
|  |
| Early Intervention Section Part C DirectorDivision of Child and Family Well-Being1916 Mail Service CenterRaleigh, NC 27699-1916 |  | **For Office Use Only** |  |  |  |
|  |  | [ ]  Date received by CDSA |       | [ ]  N/A |  |
|  |  | [ ]  Date received by Early Intervention Section Central Office  |       |  |
|  |  |  |  |  |