|  |  |
| --- | --- |
| *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 content for filing a state complaint. The complaint must allege a violation that occurred no more than one year prior to the date of the complaint. | | | | | | | | | | |
| A statement that the NC ITP, the CDSA, or an early intervention service provider has violated a requirement of Part C of IDEA: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| The facts on which the statement is based (attach an additional page if necessary): | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **If the complaint is not about a specific child, please stop and sign below. If alleging violations with respect to a specific child:** | | | | | | | | | | |
| Child’s Name: | | |  | | | Date of Birth: | | |  | |
| Child’s Address: | | |  | | | | | | | |
| Name of the Early Intervention Provider serving the child (if applicable): | | | |  | | | | | | |
| Address: |  | | | | | | | | | |
| 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 Section Part C Director  Division of Child and Family Well-Being  1916 Mail Service Center  Raleigh, NC 27699-1916 |  | **For Office Use Only** | |  | |  |
|  |  | Date received by CDSA |  | N/A | |  |
|  |  | Date received by Early Intervention Section State Office | | |  | |
|  |  |  | |  | |  |