



Idaho Department of Health and Welfare
 Infant Toddler Program

450 W State Street, 5th Floor | Boise, ID 83702
 FAX (208) 332-7331 www.infanttoddler.idaho.gov

FORMAL DISPUTE RESOLUTION REQUEST FORM

NAME OF INDIVIDUAL/ORGANIZATION FILING COMPLAINT		DATE
ADDRESS/CITY/STATE/ZIP		
TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS
NAME OF CHILD (if applicable)		
ADDRESS/CITY/STATE/ZIP		
SERVICE COORDINATOR		REGION
<p>The primary purpose of this form is to document the option(s) (mediation, complaint and/or due process hearing) selected in order to initiate the process to resolve a disagreement. Please provide the information requested below on this form, sign, date, and return to the address listed above. Parent may request assistance completing this form by contacting their Service Coordinator or State Lead Agency staff. Descriptions of the dispute resolution options are contained in the <i>Child and Family Safeguards</i> brochure.</p>		
FORMAL DISPUTE RESOLUTION OPTION(S)		
<input type="checkbox"/>	Contact me to discuss my questions and concerns as I am not sure which process will be most effective to address my concerns. <i>(Provide your contact information above)</i>	
<input type="checkbox"/>	Mediation Only Mediation can be requested to resolve disagreements with the Infant Toddler Program or a provider regarding your child's identification (child is suspected of having a developmental delay), evaluation, eligibility, or the provision of appropriate early intervention services. Mediation can be requested alone prior to filing a request for either a due process hearing or administrative complaint OR it can be requested at the same time as a due process hearing or administrative complaint. Mediation is a voluntary process and may only be used when both parties to the dispute agree to participate. The Lead Agency is responsible for any costs associated with mediation.	
<input type="checkbox"/>	Complaint Any individual or organization may file a signed, written complaint alleging a violation of the requirements of IDEA, Part C, and/or its regulations by the Infant Toddler Program or early intervention provider.	
<input type="checkbox"/>	Due Process Hearing Due process hearing can be requested to resolve disagreements related to the Infant Toddler Program or a provider's proposal or refusal to initiate or change the identification (child is suspected of having a developmental delay), evaluation, eligibility (placement), or the provision of appropriate early intervention services. The due process request must allege a violation that occurred not more than one year before the date the due process request.	

PROVIDER/ORGANIZATION DISPUTE FILED AGAINST

NAME OF EARLY INTERVENTION PROVIDER/ORGANIZATION SERVING THE CHILD

ADDRESS/CITY/STATE/ZIP

TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS
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OTHER PARTIES TO DISPUTE (IF APPLICABLE)

STATEMENT OF DISAGREEMENT

Please provide a written description regarding the nature of the disagreement.

FACTS SUPPORTING STATEMENT OF DISAGREEMENT

Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (i.e., IFSPs, written correspondence, evaluation/assessments) that may verify your concerns. Be as specific as possible.

SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a written description of a proposed resolution of the problem to the extent known and available to the party filing the complaint at this time.

SIGNATURE	DATE
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