

**Infant & Toddler Connection of Virginia
Parent/Provider/Agency Disagreements
Request for Resolution Form**

WHO IS FILING THE COMPLAINT?

Individual/Organization Name:		Date Completing Form:
Individual/Organization Address:		
Phone Number:	Fax Number:	E-mail Address:
Child's Name:		Child's Date of Birth:

The Infant & Toddler Connection of Virginia (Part C) is committed to maximizing family involvement in each step of the service delivery process. As part of ensuring parents' decision making role and maintaining the partnership important to the process, Virginia encourages all parents/providers to work with the system using informal means whenever possible to resolve disagreements that arise.

However, as required by the Individuals with Disabilities Education Act (IDEA), Virginia offers a combination of alternatives for the formal resolution of disagreements between parents and the early intervention system regarding the provision of early intervention services for an individual child and family.

TYPE OF PROBLEM RESOLUTION REQUESTING (Check One)

<input type="checkbox"/> Administrative Complaint	<input type="checkbox"/> Mediation Alone	<input type="checkbox"/> Mediation and Due Process Hearing Together	<input type="checkbox"/> Due Process Hearing Alone
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Outlined below is a brief description of the three (3) possible alternatives. A complete description of each of these procedures is provided in Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System. The purpose of this form is to document the option you have selected in order to initiate the process to resolve the disagreement. Please complete this form and provide a description of your concerns. *Parents may request assistance in completing this form from the Part C Procedural Safeguard Consultant (804) 786-3710.*

Descriptions:

Administrative Complaint: Concern alleged violations of policies and procedures by (1) any public agency that receives Part C funds; (2) other public agencies that are involved in Virginia's early intervention system, (3) private service providers who receive Part C funds on a contract basis from a public agency to carry out a given function or provide a given service and (4) private Part C participating agencies that have agreed to abide by Part C policies and procedures by signing local or state interagency agreements or memorandums of understanding to that effect. (5) An organization/individual from another state. An individual or organization may file a written, signed complaint of alleged violation(s). In general, the Infant & Toddler Connection of Virginia office must resolve the complaint within 60 calendar days of receipt of the written complaint.

Due Process Hearing: A formal procedure conducted by an impartial hearing officer concerning individual child complaints (i.e. complaints that generally affect only a single child or the child's family) about the identification, evaluation, or placement of the child or the provision of services under Part C of IDEA. Any parent of a child may file a request for resolution of a disagreement by a due process hearing. The Infant & Toddler Connection of Virginia Office must ensure within 30 calendar days of receipt of the written complaint a written decision is provided to both parties.

Mediation: A voluntary process freely agreed to by parents and providers as an attempt to resolve Part C disagreements. This is a formal procedure conducted by a qualified and impartial mediator concerning individual child complaints (i.e. complaints that generally affect only a single child or the child's family) about the identification, evaluation, or placement of the child or the provision of services under Part C of IDEA. Mediation may occur simultaneously with the due process hearing process. Mediation must be completed within 15 calendar days of receipt of the written complaint. NOTE: Mediation cannot be used to deny or delay a due process hearing or any other rights and safeguards under Part C.

SERVICE PROVIDE/AGENCY THAT THE COMPLAINT IS FILED AGAINST

Local Service Provider/Agency Name:	Phone Number:
Local Service Provider Agency Address:	

