

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

COMPLAINT REQUEST

Alleging violation of Individuals with Disabilities Education Act (IDEA) 2004 and/or Federal Regulations

If early intervention activities do not occur in the timeframe or the manner in which you expect, we encourage you to contact your service coordinator to discuss your concerns. Your service coordinator can try to answer your questions, discuss your concerns with other team members noted on your Individualized Family Service Plan (IFSP), and if needed, bring your IFSP team together to discuss possible changes to your family’s IFSP.

If you are not able to reach an agreement with your early intervention provider, you may (1) file a written complaint, (2) request mediation, and/or (3) a due process hearing to resolve the disagreement. During the time period in which your request is being reviewed, investigated, or processed, and unless your participating provider and you otherwise agree, your child and family will continue to receive the appropriate early intervention services currently being provided. Select the option(s) below that you would like:

1. Contact me to discuss my questions and concerns as I am not sure which process will be most effective to address my concerns. *(Provide your contact information below)*
2. **Mediation** – you may request a mediation when you disagree with an agency or provider regarding your child’s identification (child is suspected of having developmental delay), evaluation, eligibility (placement), or the provision of appropriate early intervention services.
Mediation is a voluntary process and may only be used when both parties to the dispute agree to participate. Participation in mediation does not deny you the right to a due process hearing or any other procedural safeguard under the Individuals with Disabilities Education Act (IDEA), Part C.
3. **Due Process Hearing** – you may request a due process hearing to resolve disagreements related to an agency or 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.
A due process hearing is a formal legal procedure. The due process hearing procedure must be completed, and a written decision issued to you within 30 days of the date DES/AzEIP received the signed, written request.
4. **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 DES/AzEIP Service Providing Agency, or early intervention professional.

NAME OF PERSON(S) OR ENTITY FILING COMPLAINT	DATE
--	------

Indicate if the person listed is an appointed surrogate parent? Yes No

ADDRESS (No., Street, City, State, ZIP)

PHONE NO. (Include area code)	SELECT ONE <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	EMAIL ADDRESS
-------------------------------	---	---------------

NAME OF CHILD (If complaint is regarding a specific child)	DATE OF BIRTH
--	---------------

NAME(S) OF PARENT OR GUARDIAN (If different than above)

ADDRESS (No., Street, City, State, ZIP)

PHONE NO. (Include area code)	SELECT ONE <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	EMAIL ADDRESS
-------------------------------	---	---------------

NAME OF SERVICE COORDINATOR

NAME OF AGENCY OR PROGRAM PROVIDING SERVICE COORDINATION (SELECT ONE)

Arizona State Schools for the Deaf and the Blind (ASDB)

DES/Division of Developmental Disabilities (DDD)/contractor

DES/AzEIP contractor

Provide a statement that describes how the early intervention program has violated IDEA, Part C and corresponding AzEIP Policies and Procedures.

DATE(S) WHEN YOU BELIEVE THE VIOLATION(S) OCCURRED	DO YOU BELIEVE THE ALLEGED VIOLATION(S) CONTINUE(S) TODAY? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Describe the facts on which the complaint is based.

If you have a suggestion for how the problem should be resolved, please include it here.

REQUIRED SIGNATURE OF PERSON(S) OR OFFICIAL ENTITY FILING SYSTEM COMPLAINT	DATE
--	------

AzEIP Complaint Request must be mailed or faxed to:

Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP)
 Attn: Executive Director
 3839 N. 3rd Street, Suite # 304, Phoenix, AZ 85012
 Fax No.: 602-200-9820

Send the completed forms and any additional documents you would like to submit, to the above address or fax number.

Questions concerning this form or the complaint process may be addressed by contacting:

DES/AzEIP Office - 602-532-9960 or
 Toll-Free in Arizona - 888-439-5609 (outside of Maricopa County)

FOR OFFICE USE ONLY	
NAME OF DES/AzEIP REPRESENTATIVE WHO RECEIVED COMPLAINT	DATE COMPLAINT WAS RECEIVED

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.