

Please send the signed,
completed complaint form to:
Linda Goodman
460 Capitol Avenue
Hartford, CT 06106-1308
Or fax to:
860-418-6003



COMPLAINT FORM

Your

Name: _____ Date: _____

Address: _____ Phone#: _____

Relationship to Child: Parent Family Member Other _____

Child's Name: _____ Date of Birth: _____

Child's Address: _____ Phone #: _____

Birth to Three Provider Program Name:

Service Coordinator's Name: _____

The Department of Developmental Services, as lead agency is responsible to review, investigate and act on any complaints or allegations of noncompliance with Part C of IDEA or with Connecticut Birth to Three standards, policies, or procedures by any public or private Birth to Three program.

According to the federal regulations, a complaint must:

1. Be in writing;
2. Be signed;
3. Include your name and address;
4. Include the name and address of the child;
5. Include a description of the nature of the problems;
6. Include the facts upon which the complaint is based;
7. Include a proposed resolution;
8. Not be more than a year old.

Please attach additional pages if necessary.

A. Description of the problem:

You do not have to know specifically how Part C of IDEA was violated, but you must explain what you believe the Birth to Three program has done wrong, e.g. "The IFSP is not being followed."

B. Facts upon which the allegation is based:

Describe what actually happened to lead you to believe the Birth to Three program is not complying with Part C IDEA. For example, "My child's IFSP states he will have 12 hours of services per month, but he has never had more than 6 hours."

C. Proposed Resolution: What you would like to see happen.

Signature: _____

Date: _____

Connecticut Birth to Three System, 460 Capitol Avenue, Hartford, CT., 06106
Phone: 860-418-6136, Fax: 1-860-418-6003, www.birth23.org.