## Attachment #2

## **Early Intervention Complaint Registry Form**

Please feel free to make copies of this form or use additional paper. Please print or type.

		by the Office of C I to this complaint is	hild Development and Early Le	arning (OCDEL) Early
☐ By phone (lis	t numbers):			
Best time dur	ing normal bus	iness hours to call: _		
			ess hours. The location will likely or Preschool Early Intervention I	
Are you filing this	complaint on be	half of a specific chi	ild? □ Yes □ No	
Please provide the	name and add	lress of the child:		
Child's N Address	<u> </u>		Date of Birth:	
Please provide th			Program or the name of the Pr	eschool EI Program.
Please provide you	ur contact inforr	nation and your rela	tionship to the child.	
Name:				
Address				
Phone N		Home	Work	Cell
Relationship to chi	ld:			
Parent	Attorney	Advocate	Community Organization	Other
On or about what	date did the alle	ged violation occur	?	

## Attachment #2

To clarify my allegations, I would like the EI Advisor to interview the following person(s):

Name	Occupation/Title	Phone Number/E-Mail Address			
	ne issue or violation which you belied by the supplies to this form.				
What do you feel is a satisfactory remedy to this situation?					
Please mail original form to: Departments of Human Service and Education, Office of Child Development and Early Learning, Bureau of Early Intervention Services, 333 Market Street, 6 <sup>th</sup> Floor, Harrisburg, PA 17126-0333 Or Email: ra-ocdintervention@state.pa.us. Also, please provide a copy of this complaint form and any attachments to the child's EI program. For Infant/Toddlers under the age of three, the form should be sent to the Infant/Toddler Early Intervention Coordinator. For Preschoolers age 3-5, the form should be sent to the Preschool Early Intervention Supervisor.					
	El Advisor that you have provided a d are not sure who to send this compla				
0.	<del></del>				
Signature	Date				