

**New Jersey Department of Health
 EARLY INTERVENTION PROCEDURAL SAFEGUARDS OFFICE
 P. O. Box 364
 Trenton, NJ 08625-0364
 Telephone (Toll Free): 877-258-6585
 Fax: 609-292-0296**

FORMAL DISPUTE RESOLUTION REQUEST

Name of Individual/Organization Filing Complaint		Date	
Address			
City		State	Zip Code
Child's Name (if applicable)		Child's Date of Birth (if applicable)	
Telephone Number(s)	Fax Number(s)	Email Address (optional)	

This form documents the option selected that initiates the appropriate process to resolve any formal dispute. Please provide the information requested on this form, sign, date, and return it to the Procedural Safeguards Office at the address listed above. Parents may request assistance in completing this form by contacting their Service Coordination Unit, Regional Early Intervention Collaborative, and/or the Procedural Safeguards Office. The New Jersey Early Intervention System (NJEIS) Family Rights document and a brief description of options for formal dispute resolution can be found at: <http://nj.gov/health/fhs/eis/procsafeguards.shtml>.

FORMAL DISPUTE RESOLUTION OPTION(S)

Mediation Only

Due Process Hearing (request must be within one year of the date of the alleged action)

Check here if you initially want to attempt to resolve the dispute through Mediation.

Administrative Complaint (request must be within one year of the date of the alleged action)

Check here if you want to attempt to resolve the dispute through Mediation.

Check here if you plan to have representation by counsel. The lead agency is not liable for any attorney fees incurred.

NAME OF PROVIDER / ORGANIZATION DISPUTE FILED AGAINST

Name

Address

City

State

Zip Code

Telephone Number(s)

Email Address (optional)

Other Parties to Dispute (if applicable)

STATEMENT OF DISAGREEMENT

Please provide a written description of the area(s) of disagreement under the Part C New Jersey Early Intervention System including concerns relating to the identification, evaluation and assessment, eligibility determination, placement of the child, and the provision of appropriate early intervention services to the child and/or family. Be as specific as possible.

FACTS SUPPORTING STATEMENT OF DISAGREEMENT

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

SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a proposed resolution(s) which would address your area(s) of concern. You may submit additional information either orally or in writing about your concerns. Be as specific as possible.

*****I understand that the party filing the complaint must forward a copy of the complaint to the public agency or the provider/organization at the same time the complaint is filed with the Procedural Safeguards Office.**

Signature

Date