



Idaho Department of Health and Welfare
 Infant Toddler Program

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<https://healthandwelfare.idaho.gov/services-programs/children-families/about-infant-toddler-program>

DISPUTE RESOLUTION REQUEST FORM

NAME OF INDIVIDUAL/ORGANIZATION FILING COMPLAINT		DATE
ADDRESS/CITY/STATE/ZIP		
TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS
NAME OF CHILD (if applicable)		
ADDRESS/CITY/STATE/ZIP		
SERVICE COORDINATOR		REGIONAL OFFICE
<p>The primary purpose of this form is to request dispute resolution (mediation, state complaints, and/or a due process hearing request) to resolve a dispute.</p> <ul style="list-style-type: none"> • Complete the information requested below. Sign and date the form. • The completed form can be submitted in-person, emailed, mailed, or faxed to either the regional office, the service coordinator or service provider, or using the contact information listed at the top of this form. • Parent may request assistance completing this form by contacting their Service Coordinator or State Lead Agency staff. <p>Note: Detailed descriptions of the dispute resolution options are in the <i>Child and Family Safeguards</i> brochure.</p>		
DISPUTE RESOLUTION OPTION(S) REQUESTED		
<input type="checkbox"/>	Contact me to discuss my questions and concerns as I am not sure which process will be most effective to address my concerns. <i>(Provide your contact information above)</i>	
<input type="checkbox"/>	Mediation <ul style="list-style-type: none"> • Mediation can be requested by parents, an early intervention services provider, lead agency, and/or public agency. • Mediation is available to help resolve a disagreement relating to a child's special education and/or related services when communication is difficult and outside assistance may be helpful. • An impartial, qualified, and trained mediator helps participants communicate with each other, express concerns, and resolve disagreements in a non-adversarial way. • Mediation is a voluntary process and may only be used when both parties to the dispute agree to participate. • Mediation can be requested at any time, including prior to or when a due process hearing request or state complaint is filed. • The Department of Health and Welfare is responsible for the costs associated with the mediation process. 	
<input type="checkbox"/>	State Complaint <ul style="list-style-type: none"> • Any person or organization, even one from another state, may file a state complaint. 	

- A state complaint can be filed when you want the state lead agency to investigate if an early intervention service provider, the state lead agency, or other public agency has not followed Part C of the IDEA, and to request a resolution by the state.
- State complaints may concern one child or a group of children.
- State Complaints filed by a parent or provider must be received within 28 days of alleged violation per IDAPA 16.05.03.
- State Complaints filed by an individual (other than the parent or provider) or organization must be received by the state lead agency within one (1) year of the alleged violation.
- The Department of Health and Welfare is responsible for the costs associated with the state complaint process.

- Due Process Hearing Request**
- A due process hearing request can only be filed by a parent.
 - A due process hearing can be requested to resolve a complaint regarding the identification, evaluation, placement of child, or the provision of appropriate early intervention services to the infant or toddler with a disability and that child's family.
 - A due process hearing provides an opportunity to have an impartial hearing officer decide the issues that the parties cannot resolve themselves.
 - The hearing, hearing officer, facilities, and decision are at no cost to the parent, however, any other costs are the responsibility of each party.

PROVIDER/ORGANIZATION DISPUTE FILED AGAINST

NAME OF EARLY INTERVENTION PROVIDER/ORGANIZATION SERVING THE CHILD

ADDRESS/CITY/STATE/ZIP

TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS
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OTHER PARTIES TO DISPUTE (IF APPLICABLE)

STATEMENT OF DISAGREEMENT
Please provide a description of the complaint. 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 (i.e., events, actions, IFSPs, written correspondence, evaluation/assessments, dates) that may verify your concerns. Be as specific as possible.

SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a proposed resolution to remedy the situation
(to the extent known and available to the complainant at this time)

SIGNATURE

DATE