

**New Jersey Department of Health and Senior Services
 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)	

The primary purpose of this form is to document the option selected that initiates the appropriate process to resolve any disagreement. 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 Regional Early Intervention Collaborative staff and/or the Procedural Safeguards Office to access the state parent liaisons. A description of the options is available on the Formal Dispute Resolution Request Guidance at <http://nj.gov/health/fhs/eis/procsafeguards.shtml>.

FORMAL DISPUTE RESOLUTION OPTION(S)

Mediation Only

Due Process Hearing

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

Administrative Complaint

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

Check here if you are requesting that your identity be kept confidential.

Check here if you plan to have representation by counsel.

**FORMAL DISPUTE RESOLUTION REQUEST
(Continued)**

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 (concerns related to the identification, evaluation and assessment, eligibility determination, placement of the child, provision of appropriate early intervention services to child or family, or alleged violation of Federal/State laws or State regulations). Be as specific as possible.

**FORMAL DISPUTE RESOLUTION REQUEST
(Continued)**

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 written description of the steps that you would like to see taken to address your area(s) of concern. Be as specific as possible.

Please list the dates and timeframes that you are available over the next two weeks if on page one you selected mediation and/or due process hearing.

Signature

Date