

New Jersey Department of Health  
Early Intervention System  
P. O. Box 364  
Trenton, NJ 08625-0364

**AGREEMENT REACHED  
WITHDRAW OF DISPUTE RESOLUTION REQUEST**

Name of Individual/Organization Filing Complaint	Date
Participating Agency/Provider Complaint Filed Against	
Nature of Complaint	
Steps Agreed To	

I have reviewed and discussed the above information with \_\_\_\_\_.  
I feel that adequate steps have been agreed upon that address my concern(s). Therefore, I am withdrawing my formal complaint at this time.

I understand that I may, at any time, re-file this complaint should the agreed upon steps not be carried out, if I am dissatisfied with the results or for any other reason. I also understand that I may file a complaint on other matters related to provision of early intervention services. I have received a copy of the "New Jersey Early Intervention System Family Rights." These rights have been explained to me and I understand them.

Signature of Parent	Date
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Agency/Provider agrees to implement/complete the steps contained in this agreement.

Signature of Procedural Safeguards Coordinator/Designee	Date
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