



Formal Dispute Resolution Request

- The primary purpose of this form is to document the option(s) (mediation, due process hearing, and/or administrative complaint) selected in order to initiate the appropriate process to resolve a disagreement.
- Please provide the information requested on this form, sign, date, and either mail or submit electronically to the address listed below.
- Parents may request assistance in completing this form by contacting their Family Resources Coordinator, Provider Agency, or the ESIT State Leadership Office.
- Additional information regarding the dispute resolution options is contained in the Individuals with *Disabilities Education Act (IDEA) Part C Procedural Safeguards (Parent Rights)* document.

Name of Individual/Provider Agency/Organization Filing Complaint _____

Address (include zip code) _____

Child's Name _____ Date of Birth _____

Child's Address _____

Family Resources Coordinator _____

Service Provider or Provider Agency _____

Telephone Number(S) _____ Fax Number(S) _____

Email Address _____

Formal Dispute Resolution Option(s)

Check all that apply

Mediation – Check here if you only want Mediation

A voluntary process that brings people together with an impartial, qualified, and trained mediator, who helps them communicate with each other, express concerns, and resolve disagreements. It can be requested any time, including prior to, or when a due process hearing request, or an administrative complaint has been filed.

Due Process Hearing - Check here if you want to resolve the dispute through a Due Process Hearing.

Used to resolve disagreements relating to the identification, evaluation, or placement of an infant or toddler, or the provision of early intervention services to the infant or toddler and that child's family.

Administrative Complaint - Check here if you want to resolve the dispute through the Administrative Complaint process. *When checked in addition to Due Process, the Due Process Hearing takes precedence.*

Used when there is a question about whether Part C of IDEA regulations have been followed with respect to a particular infant/toddler and their family.

Mediation – In addition to a Due Process Hearing and/or Administrative Complaint

Service Provider/Organization Dispute Filed Against

Name of Service Provider / Provider Agency Serving the Child _____

Address _____

City State Zip Code _____

Telephone Number _____

Email Address _____

Other Parties to Dispute (If Applicable)

Statement Of Disagreement

Please provide a written description of the nature of the problem as it relates to Part C of the Individuals with Disabilities Education Act (IDEA) and your child.

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., 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 a proposed resolution of the problem to the extent known and available to the party filing the complaint at this time.

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

Signature _____ Date _____

A copy of this form must be sent to the Service Provider/Provider Agency serving the child at the same time the party submits the Dispute Resolution Request to the DCYF ESIT State Leadership Office.

Either mail or submit electronically to:

Early Support for Infants and Toddlers (ESIT)
PO Box 40970, Olympia, WA 98504-0970 | 360-725-3500
Email: dcyf.esit@dcyf.wa.gov