

## Due Process Request Optional Form

The Bureau of Child Development Services (BCDS) has designed this form to assist you in requesting a due process hearing to resolve a disagreement regarding a specific child over any matter identified in [34 CFR § 303.421 \(a\)](#). Use of this form and inclusion of the information requested within are optional to complete. If you choose not to use this form, you may submit a written request for a due process hearing directly BCDS (see contact information below).

Parents may request assistance in completing this form by contacting their service coordinator, System Point of Entry Office, and/or the BCDS Office.

Complainant Information		
Name of Individual		
Address		
City	State	ZIP Code
Telephone Number	Email Address	
Child's Information		
Child's Name		
Child's Address		
City	State	ZIP Code
Name of Involved Parties <i>(Provider, Program Agency, System Point of Entry)</i>		
<b>Name of Individual</b>		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		
<b>Name of Individual</b>		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		
<b>Name of Individual</b>		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		

**Dispute Information** *(Attach separate pages with additional information, if desired.)*

**Nature of the Concern**

*Describe disagreement or alleged violations under IDEA Part C Indiana First Steps Early Intervention System. Please be as specific as possible.*

**Additional Informational**

*Provide any additional information you would like to share.*

**Signature**

**Date**

**Please submit your request for a due process hearing to the  
Bureau of Child Development Services.**

Bureau of Child Development Services/Indiana First Steps

Attn: Dispute Resolution Staff

402 W. Washington St., W453

Indianapolis, IN 46204

Call: (800) 545-7763

Email: [FirstStepsWeb@fssa.in.gov](mailto:FirstStepsWeb@fssa.in.gov)