

Mediation Request Optional Form

The Bureau of Child Development Services (BCDS) has designed this form to assist you in requesting a mediation. Use of this form and inclusion of the requested information within are optional to complete. If you choose not to use this form, you may request mediation directly through BCDS (see contact information below).

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

Individual Information		
Name of Individual Requesting Mediation		
Child's Name		
Address		
City	State	ZIP Code
Telephone Number	Email Address	
Name of Involved Parties <i>(Provider, Program Agency, System Point of Entry)</i>		
Name of Individual		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		
Name of Individual		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		
Name of Individual		
Telephone Number	Email Address	
Name of Agency/System Point of Entry		
Dispute Information <i>(Attach separate pages with additional information, if needed.)</i>		
Issues to Mediate <i>Please identify the issues in disagreement.</i>		

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Additional Information

Provide any additional information you would like to share.

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Signature	Date

Please submit your request for mediation 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