

Written State Complaint Request Optional Form

The Bureau of Child Development Services (BCDS) has designed this form to assist you in providing information to file a written state complaint. Use of this form is optional. If you choose not to use this form, you may send all required information (designated with an asterisk) in a written and signed request to 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.

*Required information to file a written state complaint.

Complainant Information		
Name of Individual or Organization*		
Address*		
City*	State*	ZIP Code*
Telephone Number*	Email Address (Optional)	
Child's Information <i>(This information is only required for complaints alleging violations related to a specific child.)</i>		
Child's Name*		
Child's Address*		
City*	State*	ZIP Code*
Dispute Information <i>(Attach separate pages with additional information, if needed.)</i>		
Name of the Early Intervention Provider(s)/Public Agency/Lead Agency Filed Against* <i>This information is only required for complaints alleging violations related to a specific child.</i>		
Statement of Violation* <i>Describe the violation(s) under IDEA Part C Indiana First Steps Early Intervention System. Please be as specific as possible.</i>		

Facts Supporting Statement of Violation*

Provide facts or information to support your statement of violation or concerns. You may include dates, documentation, or identify events.

Proposed Resolution of the Problem*

To the extent that you might know, describe your proposal or suggestion to resolve the alleged violation(s). Please be as specific as possible.

Additional Informational (Optional)

Provide any additional information you would like to share.

Signature*

Date (Optional)

Please submit your signed written State complaint to the Bureau of Child Development Services. The complainant must provide a copy of the State complaint to the early intervention service provider serving the child or agency the complaint is filed against when submitting this complaint.

Bureau of Child Development Services/Indiana First Steps
Attn: Dispute Resolution Staff
402 W. Washington St., W453
Indianapolis, IN 46204
Email: FirstStepsWeb@fssa.in.gov