COMPLAINT FORM UNDER PART C of IDEA
Mississippi State Department of Health/First Steps EIP

The following complaint resolution options may be used when you believe your child's or family's rights have been violated under the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). To initiate a complaint resolution process, please check one of the options listed below, complete the requested information, sign, date, and mail this completed form to the Part C Coordinator at the address given.

Type of Request: _____ Written State Complaint
_____ Mediation
_____ Due Process Hearing

Child's Name _____ **Date of Birth** _____

County of Residence _____ **Date Form Completed** _____

Name of Service Coordinator _____

Detailed Summary of the Complaint (Describe situation or complaint and include dates):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What regulation(s) do you believe First Steps EIP has violated under Part C of IDEA?

_____
_____
_____
_____ (Continued on back page)

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_____

Please add any additional comments:

_____

_____

_____

_____

_____

_____

Name of Person filing the Complaint (Please Print) _____

Relationship to Child _____ **Are you the child's legal guardian?** ____**Yes** ____ **No**

Signature of the Person filing the Complaint _____

Address _____

_____

Telephone(s) _____

Name of Organization, if Applicable _____

Contact information _____

Send completed form to:

Mississippi State Department of Health
First Steps Early Intervention Program
Attn: Part C Coordinator
P.O. Box 1700, 570 E. Woodrow Wilson Drive
Jackson, MS 39215-1700
Fax: (601) 576-7540