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*North Carolina Infant-Toddler Program*

# Parent Request for Mediation and/or Administrative Due Process

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| **Child’s Name:** | | |  | | | | | | | | | | | | **Date of Birth:** | | |  | | | | |
| Child’s Address: | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| Parent’s Name: | | | |  | | | | | | | | | | | | | | | | | | |
| Parent’s Address: | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| Parent’s Phone: | | | |  | | | | | | | Best Time to Call: | | | | |  | | | | | | |
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| Name of Agency Complaint is Against: | | | | |  | | | | | | | | | | | | | | | | | |
| Name of Person Complaint is Against (if applicable): | | | | | | | | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | |  | | | | | | | | | | | | | | |
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| Please give a statement of facts describing the nature of the complaint. (You may attach an additional page if necessary). | | | | | | | | | | | | | | | | | | | | | | |
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| I understand that by completing and submitting this form to the North Carolina Infant-Toddler Program at the address below,  I am filing a formal request for Mediation and / or an Administrative Due Process Hearing. | | | | | | | | | | | | | | | | | | | | | | |
| I understand that I have certain Child and Family Rights under the North Carolina Infant-Toddler Program in regard to the resolution of disagreements. I have received a copy of the *North Carolina Infant-Toddler Program Notice of Child and Family Rights*. I have been informed of and understand my rights under the Infant-Toddler Program. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  |  | | | | | |  | | |
|  | *Parent Signature* | | | | | | | | | | | |  | *Date* | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention Section Part C Director  Division of Child and Family Well-Being  1916 Mail Service Center  Raleigh, NC 27699-1916 | | | | | | |  | **For Office Use Only** | | |  | | | | | | |  | | | |  |
|  | | | | | | |  | Date received by CDSA | | | | |  | | | | | N/A | | | |  |
|  | | | | | | |  | Date received by Early Intervention Section Central Office | | | | | | | | | | | |  | |  |
|  | | | | | | |  |  | | | | | | | | | |  | | | |  |