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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**Division of Medicaid ServicesF-00195 (02/2017) |
| **individuals with disabilities education act (idea) state complaint****wisconsin birth to 3 program** |
| Completion of this form is voluntary; however, failure to provide all information may delay the complaint investigation. This form has been developed to assist parents in filing for an IDEA Part C state complaint. Send the completed form to: Lori Witteman, Birth to 3 Complaint Officer Department of Health Services/Division of Medicaid Services 1 W Wilson Street, PO Box 7851 Madison WI 53707-7851 Fax: 608-266-9330 |
|  | Case Number Assigned      | Date Due      | Date Received      |
| Name – Complainant      | Relationship to Child      | Daytime Telephone Number      |
| Address (Street, City, State, Zip Code)      |
| Name – Child      | Date of Birth (Child)      |
| Address - Child (Street, City, State, Zip Code) (For homeless children, provide contact information)      |
| Name - Birth to 3 Program Involved in Alleged Violation (Individual and County)      |
| Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State how the Birth to 3 Program violated state or federal early intervention law. Include the date when the violation occurred. Provide the facts that support the statement above. Use additional sheets or back if necessary. |

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| A proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary. |

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|  | **SIGNATURE** – Complainant (Required) |  | Date Signed |  |