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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services  F-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 |  |