## Early Intervention Complaint Registry Form

Please feel free to make copies of this form or use additional paper. Please print or type.

<i>J</i> 1	EI) Advisor assigne	•	1	Early Learning (OCDEL)	Earry			
□ By phone Best time	(list numbers)during normal busing	ness hours to call_						
	In person at a public facility during normal business hours. The location will likely be a County Early Intervention Program Office or Intermediate Unit/Preschool Program Office.							
Are you filing	g this complaint on l	pehalf of a specific	c child? Yes No					
Please provide	e the name and add	ress of the child:						
Child's N Address:				of Birth:				
Please provide	e the name of the In	fant/Toddler EI P	rogram or the name of	the Preschool EI Progran	1:			
Please provid	e your contact infor	mation and your r	elationship to the child	I.				
Name:								
Phone Numl								
	Но	me	Work	Cell				
Relationship t	to child:							
☐ Parent	☐ Attorney	□ Advocate	☐ Community Organ	ization   Other				
On or about w	what date did the vio	lation occur?						
			Date					

To clarify my allegations, I would like the EI Advisor to interview the following person(s).							
Name	Occupation/Title	Phone Number/E-Mail Address					

Name	Occupation/Title	Phone Number/E-Mail A	Address
Please provide a statement about the about the nature of the problem. Plea Feel free to use extra paper and sta	se list the facts that support		clude a description
What do you feel is a satisfactory rem	nedy to this situation?		
Please provide a copy of this complai under the age of three, the form shoul 3-5, the form should be sent to the Pro-	d be sent to the County Ear		
By signing below, you indicate to the EI program offices. If you are not sur for assistance.			
Signature		Date	