CNMI PUBLIC SCHOOL SYSTEM EARLY INTERVENTION PROGRAM Filing a Complaint or Due Process Complaint

: <u>CNMI Public School System/ Early Intervention Program</u>				Date:	
From:					
If Complaint , name of person or organization filing the complaint If Due Process Complaint ; Must be Parent or PSS Representative filing the complaint					
The Purpose of this letter is to file a [] Compliant OR [] Due Process Complaint					
Name of Child:					DOB:
Initial Service Date (When the child first received Early Intervention services) :					
Name of Early Intervention Services provider serving the child:					
Filing a Complaint: A statement that the PSS or other public agency has violated a requirement of Part C of the IDEA or its regulations:					
The Facts on which your statement is based:					
A description of the problem, including facts relating to the problem:					
A proposed resolution of the problem to the extent known and available to you:					
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Filing a Due Process Complaint: A description of the nature of the problem of the child relating to the proposed or refused action, including facts relating to the problem:					
or refused denois, including facts retaining to the problem.					
Phone Numbers where you can be reached:	Home/Cell Phone #				Work:
Home Residence and Mailing Address:					
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Signature: Relationship to the O					hild:
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Received By:_____ Date: _____

This form follows the minimum requirements as set forth by \$303.434 *Filing a Complaint* of the Individuals with Disabilities Education Act. Under \$303.434C, complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received in accordance with \$303.432.