



Please send the signed, completed State Complaint Form to:



WV Birth to Three  
Attn: CQI Coordinator  
350 Capitol Street, Room 427  
Charleston, WV 25301

## WV Birth to Three State Complaint Form

The Department of Health, Bureau for Public Health, Office of Maternal, Child and Family Health, WV Birth to Three, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) in West Virginia, is responsible for reviewing, investigating, and acting on the complaints or allegations of noncompliance with Part C of IDEA.

Name of Person filing complaint (please print): \_\_\_\_\_

Relationship to child: ☐ Parent ☐ Family Member ☐ Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Early Intervention Service Provider(s) or Agency involved with the complaint:**

Provider Name	Provider Agency (if applicable)

**Attach additional pages if needed for statements under A., B., or C.**

**A. Description of the problem:**

You do not have to know specifically how Part C of IDEA was violated, but you must explain what you believe the early intervention service provider or public agency has done wrong. For example, *"The Individualized Family Service Plan (IFSP) is not being followed."*

**B. Facts upon which the complaint is based:**

Describe what happened to lead you to believe the early intervention service provider or agency is not complying with Part C of IDEA. Only state facts. For example, *"My child's IFSP states he will have 4 hours of service from a physical therapist per month, but he has never received more than 2 hours per month."*

**C. Proposed resolution:** (What you would like to see happen.)

**Reminder:** IDEA requires that the person filing this complaint must forward a copy of the signed complaint to the Early Intervention Service Provider or agency that the complaint involves at the same time the complaint is sent to the WV Birth to Three state office. **If you have not done this, the request will not be processed as a formal complaint.**

Have you sent the copy? ☐ Yes ☐ No

For additional information or assistance in completing this form, you may contact the WV Birth to Three state office at 304-558-5388 or toll-free in WV at 1-800-642-9704 or by email at [dhwvbtt@wv.gov](mailto:dhwvbtt@wv.gov).

Signature of person filing this complaint: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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