

A Guide to Early Intervention Complaints

What is Early Intervention (EI)?

Your child can get therapy if they are under three and need help with how they walk, talk, learn, move, or behave. Some children with lead exposure or a DCFS case may automatically qualify. There are timelines for EI so that your child gets the therapy he needs quickly. If the timelines aren't met, then you can file a complaint.

What are the EI timelines?

- Call you back within **2** work days,
- Evaluate your child for free and give you a plan within **45** days, or
- Give your child services within **30** days after you agree to the plan.

If these timelines aren't met, you can try to contact your Child and Family Connections site or service coordinator to fix the problem.

What is a complaint and why file one?

If you don't get a response, you should file a complaint with the Illinois Department of Human Services (DHS) so DHS knows something went wrong and can help **fix the problem by getting the services faster and/or getting your child extra services to make up for the services your child missed.**

What happens when I file a complaint?

DHS will look into the problem, may ask you some questions, and will contact you with a decision within 60 days.

How do I file an EI Complaint?

- Fill in the State Complaint template with your information.
- Find your Child and Family Connections contact information here:
<https://www.dhs.state.il.us/page.aspx?module=12&officetype=4>
- With your complaint, it can help to attach a copy of the referral your child's doctor or early childhood providers sent to Early Intervention.
- Keep a copy of the complaint.
- Mail (by certified mail) copies of the complaint to **both** of these organizations:

1) Illinois Department of Human Services

Illinois Dept. of Human Services
Bureau of Early Intervention
823 East Monroe
Springfield, IL 62701

2) Your Child and Family Connections (look up address here:

<https://www.dhs.state.il.us/page.aspx?module=12&officetype=4>)

Need help or have questions?

Call Equip for Equality for Free Legal Advice:

1-866-KIDS-046

(1-866-543-7046)

SpecialEd@equipforequality.org

REQUEST FOR INVESTIGATION OF STATE COMPLAINT

Send copy of completed form to both addresses shown below:

1) Chief Illinois Dept. of Human Services Bureau of Early Intervention 823 East Monroe Springfield, IL 62701	2) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
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I am hereby filing a complaint because I believe that the provider(s) below violated provisions of the Part C of the Individuals with Disabilities Act (IDEA). I would like for the Illinois Department of Human Services to investigate this situation and impose corrective action. **A copy has been submitted to the agency or provider listed in Section 3.**

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial _____
Child's Date of Birth (Month/Day/Year) _____ Phone Number _____
Parent/Guardian/Surrogate's Name(s) _____
Address _____
City, State & Zip _____ Primary Language _____

Section 2: Information about the Person Filing a State Complaint

Name _____
Address _____
City, State & Zip _____ Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) who violated provisions of the Early Intervention Program, (Attach additional pages as needed)

Name 1 _____
Address _____
City, State & Zip _____ Phone Number _____

Name 2 _____
Address _____
City, State & Zip _____ Phone Number _____

Section 4: The nature of the violation, including specific facts (Continued on next page):

Section 4: CONTINUED - The nature of the violation, including specific facts. Attach additional Section 4 pages if needed):

Section 5: Remedy being sought or proposed resolution (Attach additional pages if needed):

Attach supporting materials, the request and proposed remedy.

I understand that by requesting complaint investigation I am hereby authorizing the release of information as necessary to investigate the issue(s). I also understand that Department of Human Services Bureau of Early Intervention staff will investigate my complaint and make a determination as to corrective action which may be necessary, and will let me know the outcome. **I verify I have sent a copy of this complaint to the agency or provider listed in Section 3.**

Signature _____ Date _____
Printed Name _____
Address _____
City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.