Early Intervention Complaints: A Guide for Families

You can file an El complaint if your child is not getting services in any area they should get them. This can help get services faster and/or get extra services to make up for missed services.

When should you think about filing a complaint?

You should think about filing a complaint if:

- Your child is not getting services in any area they should get them, and/or
- Any El timelines are not met (see below).

What are the EI timelines?

- Within **2 work days** after your child's doctor (or other professional) refers them, a person from the Child and Family Connections agency (CFC) that works in your county (list here), must call you to set up a meeting.
- Within **45 calendars days** after you say they can, the CFC must set up **tests** and make a **plan** that includes the services your child will get (called an **IFSP**).
- Within 30 calendar days after you get an IFSP and consent to services, the CFC must make sure services start.

If these timelines are not met, you can call your CFC/service coordinator to fix the problem. If that doesn't work, you should file a complaint with the Illinois Department of Human Services (DHS). You need to file your complaint within **one year** of the date of the problem.

Why file a complaint?

Your complaint will let DHS know about the problem so they can help by:

- Getting your child services faster, and/or
- Getting extra services to make up for the services your child missed.

DHS will look into the problem and must contact you with a decision within 60 calendar days.

How do I file an El Complaint?

- Fill in the State Complaint template on the next pages with your information.
- Find your Child and Family Connections contact information here: https://www.dhs.state.il.us/page.aspx?module=12&officetype=4
- It helps to send copies of any paperwork you have about El with your complaint, like the referral from your child's doctor, your child's evaluations, and/or your child's service plan (IFSP). The El Bureau and your CFC must give you a copy of your child's El records within 10 calendar days of asking for them.
- Keep a copy of the complaint.
- Mail (by certified mail or fax, if possible) copies of the complaint to both of these places:

1. Illinois Department of Human Services	2. Your Child and Family Connections
Illinois Dept. of Human Services, El Bureau	You can look up the contact
823 East Monroe	information for your CFC here:
Springfield, IL 62701	https://www.dhs.state.il.us/page.aspx?
Phone: (217) 782-1981	module=12&officetype=4
Fax: (217) 524-6248	

Call DHS and your CFC to make sure they got a copy of your complaint.

Need help filing the complaint or have questions about your rights?

Call Equip for Equality for Free Legal Help: 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	2) Enter the Child & Family Connections (CFC) Information for the child below:			
Illinois Dept. of Human Services Bureau of Early Intervention	CFC #:			
823 East Monroe	CFC Name			
Springfield, IL 62701	CFC Address			
	CFC City, State, Zip Code			
	he provider(s) below violated provisions of the Part C of the Individuals with artment of Human Services to investigate this situation and impose corrective			
Section 1: Information about the Child and Fam	nilv			
Child's Last Name, First Name & Middle Initial	my			
Child's Date of Birth (Month/Day/Year)	Phone Number			
Parent/Guardian/Surrogate's Name(s)	T Hone Hamber			
Address				
City, State & Zip	Primary Language			
Section 2: Information about the Person Filing a	State Complaint			
Name				
Address				
City, State & Zip	Phone Number			
Continue Delivery Assessifical and/or	Dura vide w/e) who wielete de avervieiene ef the Feeth United a Program			
(Attach additional pages as needed)	Provider(s) who violated provisions of the Early Intervention Program,			
Name 1				
Address				
City, State & Zip	Phone Number			
Name 2	There i i and a second			
Address				
City, State & Zip	Phone Number			
Section 4: The nature of the violation, including	g specific facts (Continued on next page):			
See attached pages.				

Page 2 – REQUEST FOR INVESTIGATION OF STATE COMPLAINT

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Section 4: C	ONTINUED - The nature of the violation, including specific facts. Attach additional Section 4 pages if needed):
See attached	pages.
Section 5: F	emedy being sought or proposed resolution (Attach additional pages if needed):
See attached	pages.
Attach suppor	ting materials, the request and proposed remedy.
I understand that	t by requesting complaint investigation I am hereby authorizing the release of information as necessary to investigate the
	understand that Department of Human Services Bureau of Early Intervention staff will investigate my complaint and make
	as to corrective action which may be necessary, and will let me know the outcome. <u>I verify I have sent a copy of this</u> e agency or provider listed in Section 3.
oompiami lo lii	agency of provider listed in dection o.
Signature	Date
Printed Name	
Address	
City State 8.7	in 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.

Section 4: CONTINUED – The Nature of the violation, including specific facts.				
My child was referred for Early Intervention services onbelieve the following violations have occurred:	by	Since that time, I		
☐ The CFC has not called me back since				
$\hfill \square$ My child has not been evaluated after I gave consent to an eva	luation			
☐ My child was improperly found ineligible for EI services				
☐ My child has not received services in his/her Individual Family S	Service Plan after I consen	ted to those services on		
$\hfill \square$ My child stopped receiving services required by his/her Individu	al Family Service Plan as	of		
Additional details:				

Section 5: Remedy being sought or proposed resolution.	
I am asking the Early Intervention Bureau to take the following steps:	
☐ Ensure my CFC calls me back as soon as possible	
☐ Evaluate my child for services and develop an Individual Family Service Plan as soon as possible	
☐ Reconsider my child's eligibility for services under an Individual Family Service Plan	
☐ Provide the services required by my child's Individual Family Service Plan as soon as possible	
☐ Provide my child with extra (compensatory) services to make up for the delays that prevented my child from getting the services	
he/she was entitled to receive	
☐ Reimburse me the cost (details below) I paid out-of-pocket for private services to make up for the services EI was required to provide my child but did not	
to provide my drind bat are not	
Additional details:	

