

Early Intervention Complaints: A Guide For Families

You can file an EI 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 consider filing a complaint?

There are laws to make sure children get the services they need quickly. If:

- your child is not getting services in any area they should get them, and/or
- any EI timelines aren't met (see below)

you can file a complaint to get the services more quickly and/or get extra services to make up for services your child missed.

What are the EI timelines?

- Within **2 work days** after your child's doctor (or other professional) refers them, a service coordinator from the Child and Family Connections agency (CFC) that serves your county (list [here](#)), must call to schedule an intake meeting
- With your consent, within **45 calendar days**, the CFC must set up **evaluations** and make a **plan** that includes the services your child will receive (called an **IFSP**)
- With your consent, **as soon as possible** and no later than **30 calendar days**, the CFC must make sure services start

If these timelines aren't met, you can contact 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?

DHS will look into the problem and must contact you with a decision within 60 days. A complaint will let DHS know about the problem and can help:

- ***Get your child services faster***
- ***Get extra services to make up for the services your child missed***

How do I file an EI 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 can help to send copies of any paperwork you have about EI with the complaint, such as the referral from your child's doctor, your child's evaluations, and/or your child's service plan (IFSP)
- Keep a copy of the complaint
- Mail (by certified mail and fax, if possible) copies of the complaint to both of these organizations:

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

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

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

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: **Find your CFC**

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):

My child is [X] months old. My child was referred for Early Intervention Services on [DATE] by [doctor, childcare, parent]. Since then, Early Intervention has not (check what applies):

- Called me back since [DATE]
- Evaluated my child after I gave consent for an evaluation on [DATE]
- Given the services in my child's Individual Family Service Plan (IFSP) after I agreed on [DATE]
- Found my child eligible even though [add reason child should be eligible here]

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

[List and attach a copy of anything you tried to help get your child Early Intervention services, such as calls or emails, etc.].

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

I am asking Early Intervention to:

- Call me back
- Evaluate my child
- Give my child Early Intervention services
- Give me the money I spent on private services that should have been given by Early Intervention

*Add box/better description of compensatory services

I am also asking that Early Intervention give my child extra services (compensatory services) because of what my child missed.

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.