

Aging and Disability Services Division
IDEA Part C Services

Complaint Letter

Enter a date.

(Date)

Department of Health and Human Services
IDEA Part C Office
680 W. Nye Lane, Suite 102 Carson City, NV 89703

Dear IDEA Part C Coordinator,

I want to file a complaint because I believe that (Child's Name and Mailing Address)

Click to add Child's Name and Address

is not getting early intervention services as the law requires. I would like the Department to investigate the following issues: (Explain what actions or laws have been broken. Be specific.)

Explain what actions or laws have been broken. Be specific.

I understand that my complaint will be checked within 60 days. I may be asked for more information. I will get a copy of the final report. The best time to reach me is on these (Day[s]) Enter Days at (Time[s]). Enter Times

Sincerely,

Click or tap here to enter text.

(Your Signature)

Click or tap here to enter text.

(Your Name)

Click or tap here to enter text.

(Your Address)

Click or tap here to enter text.

(Your Phone Number)

Cc: Click or tap here to enter text.

(Your Child's Early Intervention Service Provider Address)