



**south dakota**  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

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**south dakota**  
**BIRTH TO THREE**  
The first three years build a lifetime

Office of Education Services and Supports  
Part C State Complaint Form

<http://doe.sd.gov/oess/Birthto3>

(There is a separate form when filing of a Due Process Hearing)

To: Sarah Carter, Director  
Birth to Three  
800 Governors Dr.  
Pierre, SD 57501

**Section I: Student Information**

Child's Name:		Eligibility Category (Optional):	
School District of Residence:		Date of Birth:	
		Age:	
Local Birth to Three Provider:			
Address:			
City:		State:	ZIP:
Child falls under McKinney-Vento Homeless Assistance Act			
Yes _____ No _____			

**Section II: Complainant Information**

**Parent/Guardian:**

**Complainant, if not the parent:**

Name of Parent:	Name of Complainant
Street Address:	Street Address:
City/State/Zip	City/State/Zip
Home/Work Phone	Home/Work Phone
E-mail	E-mail

**\*Please Note:** If you believe the Birth to 3 program has violated a federal or state regulation, you may file a complaint with the **Birth to 3 program director**. Upon receiving your written complaint, an investigation will be completed. Information about procedural safeguards and dispute resolution options are available on the web site at:

[http://doe.sd.gov/oess/Birthto3\\_Parents.aspx](http://doe.sd.gov/oess/Birthto3_Parents.aspx)

X \_\_\_\_\_  
**Signature of Person(s) Filing Complaint**

\_\_\_\_\_  
**Date**

**Section III: Allegation Information**

**A. Statement of the violation(s)**

You do not need to know specifically what law was violated, but you must explain what you believe has gone wrong, e.g. "The local Birth to Three program or school district are not following my child's IFSP."

(Use additional pages if necessary)

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

Please include, to the best of your ability, the significant facts and dates of the events that occurred.

(Use additional pages if necessary)

**C. What documents do you believe should be reviewed regarding this allegation?**

Letters from the local Birth to Three program or school, the child's evaluation and IFSP notices, etc...., that you believe will assist in clarifying or verifying the violation.

(Use additional pages if necessary)

**D. What would you like to see changed?**

(Use additional pages if necessary)

**\*\*\*Please Note\*\*\***

Conflict is often inevitable, but it need not produce negative results. If the parent and school/local program personnel are unable to resolve a conflict concerning a child with a developmental delay or disability, then mediation is an available option. Mediation is completely voluntary. It is optional for both parties. Mediation in the Part C program is a process to assist parents, local Birth to Three programs and schools in resolving disagreements regarding a child's Birth to Three services. Mediation is at no cost to parents/ guardians or the school district/local program.

A trained mediator works with both parties to guide them toward a mutually satisfactory solution in the best interest of the child. This occurs at a non-adversarial meeting. It will not interfere with any procedural safeguards including a request for a due process hearing. To find more information about mediations please visit [http://doe.sd.gov/oess/Birthto3\\_Parents.aspx](http://doe.sd.gov/oess/Birthto3_Parents.aspx).



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