

How to Make a System Complaint

(Insert Date)

Director, Bureau of Early Intervention
NYS Department of Health
Corning Tower Building
Room 287 Empire State Plaza
Albany, New York 12237-0660

Dear Director:

I am aware that I can address my concerns informally with the service coordinator, the early intervention (EI) provider, the county or the state; however, I would like to **file a formal system complaint** because I believe that an EI provider and/or county and/or state violated Part C, Title 34 of the Code of Federal Regulations or 10 New York Codes, Rules and Regulations Subpart 69-4 or Title II-A of Article 25 of the Public Health Law.

State the alleged violation(s) for this EI system complaint:

(Insert a short description of the problem and include facts related to the system complaint.
You may also attach additional documents related to your system complaint.)

If the violation(s) pertains to a specific child:

(Insert the child's name/date of birth/home address/county of residence of child.)

(Insert the name(s) of the EI service provider(s), service coordinator and the name of any EI agency serving the child.)

(Insert a proposed solution(s) or outcomes to the violation.)

I understand that:

- the New York State Department of Health (Department) may only investigate an alleged violation if it occurred within one year prior to the Department receiving this letter;
- if a system complaint is received that is the subject of an impartial hearing or mediation, the Department must set aside any part of the system complaint that is being addressed;
- if an issue is raised that has previously been decided in mediation or impartial hearing involving the same parties, the decision from the mediation or impartial hearing is honored;
- my system complaint will be investigated within 60 days of receipt and that I may be interviewed and will receive a written response;
- the timeline may be extended if there are exceptional circumstances with respect to the system complaint or the parties elect to engage in mediation; and

at the same time I am sending this system complaint to the Department, it is required that:

– I forward a copy of this system complaint to:

- my child's service coordinator, when the system complaint is child specific;
- the county Early Intervention Official or Early Intervention Manager; and
- any EI provider(s) who is the subject of this system complaint; or

– I may request that the Department forward the system complaint to the parties listed above instead of my forwarding the complaint.

The best time to reach me is on (insert days and times).

Sincerely,
(Your Signature)
(Insert Name)
(Street Address/P.O. Box)
(City/State/Zip Code)
(County)
(Area Code/Phone Number)