Pennsylvania
Office of Child Development and Early Learning

Early Intervention Formal Complaint Form

There are multiple ways that you can file a complaint. You may use this form, send an email, or call 717-346-9320 to file your complaint verbally.

Please note, a complaint must be filed within one year of the date the alleged violation occurred.

This form is available in multiple languages.

An Early Intervention (EI) Advisor will contact you to discuss this complaint. Please check your preferred method of contact below:

☐ By phone

Please provide your number: _____

Best time during normal business hours to call: _____

☐ By email

Please provide your email: _____

Are you filing this complaint on behalf of a specific child? ☐ Yes ☐ No

If yes, please provide the name and address of the child:

Child's Name: _____

Address: _____

_____

Date of Birth: (optional) _____

School District: (optional) _____

If the complaint is being filed on behalf of a child or youth experiencing homelessness, please provide the available contact information:

Please provide the name of the Infant Toddler or Preschool EI program: _____

Name of Complainant: (optional) _____

Relationship to child: (optional)

☐ Parent/Guardian ☐ Attorney ☐ Advocate ☐ Community Organization ☐ Other

Please provide a statement that describes the violation/issue. Include a description of the nature of the problem (additional pages can be used, as needed):

Please list all of the facts that you would like to share about the problem (additional pages can be used, as needed):

Please suggest a solution to the problem (optional):

Did the violation/issue occur within the past year? If so, on or about what date?

The complaint must be signed for the Bureau of Early Intervention Services and Family Supports (BEISFS) to investigate. You must also send a copy of this complaint to the Infant Toddler or Preschool EI program you included above. By signing below, you are confirming that you have provided a copy of the formal complaint to the EI program.

_____ _____

Signature of Complainant Date

Please return the form to:

Office of Child Development & Early Learning
Bureau of Early Intervention Service & Family Supports
607 South Drive, 4th Floor
Harrisburg, PA 17120

E-mail: ra-ocdintervention@pa.gov
Fax: 717-346-9330