



Early Childhood and Family  
Support Division  
Prevention and Intervention Unit  
Montana Milestones Part C Early  
Intervention Program



P. O. Box 4210, Helena, MT 59604

(406) 522-2261

Toll Free (800) 762-9891

FAX (406) 444-2750

<https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/index>

## Formal Dispute Resolution Request

NAME OF INDIVIDUAL OR ORGANIZATION FILING THE COMPLAINT
DATE
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NUMBER(S)
FAX NUMBER(S)
EMAIL ADDRESS
CHILD'S NAME
DATE OF BIRTH
FAMILY SUPPORT SPECIALIST



**PART C PROGRAM PROVIDER (AGENCY)**

The purpose of this form, **Formal Dispute Resolution Request**, is to document the options available to assist families and early intervention agencies in resolving disputes in the Montana Milestones Part C Early Intervention Program. If a parent or other individual feels his or her rights have been violated or there has been a violation of Part C of the Individuals with Disabilities Education Act (IDEA), the parent or individual provides the information requested in this form, signs, dates, and returns the form to the address listed. Assistance to complete this form is available by contacting the Montana Milestones Part C Program Staff at the phone number listed.

Descriptions of dispute resolution options are found in **Montana Milestones Dispute Resolution Handbook** available at:

<https://dphhs.mt.gov/assets/ecfsd/PartC/MTMilestonesDisputeResolutionHandbook2013.pdf>

**FORMAL DISPUTE OPTIONS**

☐ **Mediation Only**

Mediation can be requested alone prior to filing a request for either a Due Process Hearing or State Complaint **OR** it can be requested at the same time as a Due Process Hearing or State Complaint. Check this box if you want to attempt to resolve this issue through Mediation alone.

**Due Process Hearing**

☐ Check here if you initially want to resolve the dispute through Mediation prior to the Due Process Hearing.

**State Complaint**

☐ Check here if you initially want to attempt to resolve the dispute through Mediation prior to the investigation of the State Complaint.

**DISPUTE FILED AGAINST FAMILY SUPPORT SPECIALIST/PART C PROGRAM PROVIDER AGENCY**

NAME

ADDRESS



CITY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

OTHER PARTIES TO DISPUTE (IF APPLICABLE)

### STATEMENT OF DISAGREEMENT

Please provide a written description of the area(s) of disagreement (concerns related to the identification, evaluation and assessment, eligibility determination, placement of the child, provision of appropriate early intervention services to child or family, or alleged violation of the Individuals with Disabilities Education Act, IDEA). Be as specific as possible.



### **FACTS SUPPORTING STATEMENT OF DISAGREEMENT**

Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (i.e., IFSPs, written correspondence, evaluations/assessments) that may verify your concerns. Be as specific as possible.

### **SOLUTION(S) TO AREA(S) OF CONCERN**

Please provide a written description of the steps that you would like to see taken to address your area(s) of concern. Be as specific as possible.



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Please list the dates and timeframes you are available over the next two weeks if you selected Mediation and/or a Due Process Hearing.

Signature

Date

For further information, please contact:  
Montana Milestones Part C Early Intervention Program P. O. Box  
4210, Helena, MT 59604  
Phone (406) 444-5647  
FAX (406) 444-2750  
partchelp@mt.gov