

CONSUMER COMPLAINT & APPEAL PROCESSES



DDS CONSUMER COMPLAINT & APPEAL PROCESSES

- Consumer Rights Complaint Process (4731)
- Fair Hearing Process
- Early Start Compliance Complaints
- Early Start Mediation Conference and Due Process
- Citizen Comments and Complaints
- AB 1402 (W&I, section 4704.6) – new appeals procedure information

Produced by Department of Developmental Services
Office of Human Rights & Advocacy Services
1600 Ninth Street, Room 240, MS 2-15
Sacramento, CA 95814
(916) 654-1888
<http://www.dds.ca.gov>

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California and former DDS Consumer Advisory
Committee member.

Consumer Rights Complaints (WIC, §4731)

Consumers over the age 3



The Consumer Rights Complaint process is a mechanism to be used when an individual consumer, or any representative acting on behalf of a consumer, believes that any right has been wrongly or unfairly denied by a regional center, developmental center, or a service provider. This process is available to all consumers over the age of three.

Senate Bill 1039, Statutes of 1997, established this consumer complaint process effective January 1, 1998. W&I Code, section 4731(f) states that “All consumers or, where appropriate, their parents, legal guardian, conservator, or authorized representative, shall be notified in writing in a language which they comprehend, of the right to file a complaint pursuant to this section when they apply for services from a regional center or are admitted to a developmental center, and at each regularly scheduled planning meeting”.

- Complaints should be made to the director of the regional center from which a consumer receives case management services. If the consumer resides in a state developmental center, the complaint goes to the director of that developmental center.
- Within 20 working days of the director receiving the complaint, the regional center/developmental center director or designee shall investigate and send a written proposed resolution to the complainant and, if appropriate, to the service provider.
- The regional center/developmental center director's written proposed resolution should include a description of the complaint and the regional center's/developmental center's efforts to solve the issues and shall include a telephone number and mailing address for referring the proposed resolution to the Director of the Department of Developmental Services at:

Office of Human Rights and Advocacy Services

1600 Ninth Street, Room 240, MS 2-15

Sacramento, CA 95814

- The regional center/developmental center director's proposed resolution to the complaint will become effective on the 20th working day after receipt by the complainant unless it is appealed within 15 days to the Director of the Department of Developmental Services. The Director has 45 days to investigate and issue a final administrative decision.

DDS REVIEW AND INVESTIGATION OF 4731 APPEALS

- Upon receipt of complaint appeal, DDS reviews for appropriateness with the 4731 process (even though the complaint had been responded to as a 4731 at the first level, it may have not been the appropriate process).
- In complaints with multiple issues, some issues may meet the criteria for the 4731 process and some may not.
- Only those issues that have been initially addressed in the 4731 complaint are appropriate for appeal.
- DDS sends a letter to complainant, informing of acceptance and/or exclusion of all or some issues and timeline for completion. 4731(c).
- DDS writes to regional center/developmental center director, informing of investigation and requesting relevant consumer information.
- Upon receiving information, DDS conducts investigation.
- A letter of findings and determination is sent to complainant and regional center/developmental center director.
- DDS logs all complaints in a redacted form in a public log.

WHEN IS THE 4731 PROCESS NOT APPLICABLE?

- When the complaint addresses services and supports and is more appropriately handled under the fair hearing process.
- When the consumer is under age 3, or the complaint is related to past or current Early Start Services.
- When the issue is unrelated to consumer rights and the complaint is more appropriate for review and investigation by other agencies.

**WELFARE AND INSTITUTION CODE §4731 COMPLAINT FORM
INVESTIGATION REQUEST
DS 255 (New 8/2007) (Electronic Version)**

A consumer, or any representative, acting on behalf of any consumer or consumers, may file a W&I Code Section 4731 complaint against a regional center, developmental center, or any private service provider receiving Lanterman Act funds. This form is voluntary and may be used as guidance in writing your complaint letter.

Name of Person filing Complaint	Relationship to Consumer	Telephone Number	
Address (Mailing Address)	(City)	(State)	(Zip)
Name of Consumer	Birth Date (Month, Date, Year)		
Regional Center/Developmental Center			

Describe your complaint including the following as applicable: (a written statement may be attached or used instead of the form)

- A statement of facts upon which the alleged rights violation is based;
- The party allegedly responsible;
- A proposed solution to the problem.

Submit your complaint to the Director of the regional center or developmental center from which you or the consumer receives services.

Signature

Date

*Confidential Client Information
W & I Code, 4514 and 5328*

**FORMULARIO DE QUEJA, SECCIÓN 4731 DEL CÓDIGO DE BIENESTAR
E INSTITUCIONES,
SOLICITUD DE INVESTIGACIÓN
DS 255 (Nuevo 8/2007) (Versión Electrónica)**

El consumidor o un representante que actúe en su nombre o en nombre de varios consumidores puede presentar una queja de la Sección 4731 del Código de Bienestar e Instituciones en contra de un centro regional o un centro de desarrollo, o un proveedor privado de servicios que se beneficie con fondos previstos por la ley Lanterman Act. El uso de este formulario es voluntario y le sirve como una guía para que escriba una carta con su queja.

Nombre de la persona que presenta la queja	Relación con el consumidor	Teléfono
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Domicilio (postal)	(Ciudad)	(Estado)	(Código Postal)
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Nombre del consumidor	Fecha de nacimiento (mes/día/año)
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Centro Regional/Centro de Desarrollo

Describa su queja respondiendo a los siguientes puntos, si es posible (puede agregar una declaración escrita en lugar de este formulario):

- Declaración de hechos sobre los que se funda la presunta violación de derechos;
- Las personas presuntamente responsables; y
- La solución propuesta al problema.

Presente la queja al Director del centro regional o del centro de desarrollo del cual, usted o el consumidor, recibe los servicios.

Firma

Fecha

Fair Hearings (WIC, §4700 et. seq.)

For Consumers or Applicants Age 3 Years and Older



The fair hearing process is used to resolve disputes regarding eligibility, the nature, scope, amount of services and supports, or any decision or action of the regional center or state developmental center for consumers or applicants who are age three or older. For disagreements involving consumers or applicants who are under three years of age, refer to Early Start Mediation and Due Process Hearing Requests. The fair hearing process includes a voluntary informal meeting, mediation, and a formal fair hearing, although the informal and mediation processes may be waived in lieu of a formal fair hearing.

Any applicant, recipient of services, or authorized representative may file a request for a fair hearing. The request must be in writing and filed with the regional center or state developmental center within 30 days after notification of a decision or action with which they disagree. The request must be on a Fair Hearing Request form provided by the regional center or state developmental center. Typically, current services will be continued during the appeal process if the request for a fair hearing is postmarked or received by the regional center or state developmental center within 10 days after the receipt of the written notice of a decision or action.

When the regional center or state developmental center receives the request for a fair hearing, they shall send the applicant a copy of the fair hearing brochure advising them of their informal meeting, mediation, and formal fair hearing rights, if one was not previously sent by the regional center or state developmental center. The applicant shall also be advised of the proposed date, time and place for a voluntary informal meeting, if requested. If mediation is requested, the regional center or state developmental center has five working days, from the date of receipt of the written request for mediation, to accept or decline. If the regional center or state developmental center declines mediation, a notice of that decision shall be sent to the applicant immediately.

Within five days of receipt of the request for a fair hearing, the regional center or state developmental center shall fax a copy of the request to the Office of Administrative Hearings. Upon receipt of the request for a fair hearing, the Office of Administrative Hearings will send the applicant information regarding their fair hearing rights. They will also receive notice of the time, place, and date of the formal fair hearing, the availability of advocacy assistance, and the rights and responsibilities of the parties involved in the fair hearing. If mediation is accepted, the Office of Administrative Hearings will also send information regarding mediation rights, the time, place, and date of the mediation, the availability of advocacy assistance, and the rights and responsibilities of the parties involved in the mediation.

Fair Hearing Request forms can be found at www.dds.ca.gov/complaints:

The Fair Hearing Process for Consumers Age 3 Years and Older (PDF - Revised 1/07)

DS 1803 - Notice of Proposed Action (PDF - Revised 1/07)

DS 1804 - Notification of Resolution (PDF - Revised 1/07)

DS 1805 - Fair Hearing Request (PDF - Revised 1/07)

The Fair Hearing brochures and forms are available in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- English
- Farsi
- Hmong
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

**Office of Administrative Hearings
Attn: DDS Calendar Clerk
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
Phone: (916) 263-0654
Fax: (916) 376-6318**

FAIR HEARING REQUEST

DS 1805 (Rev. 1/2007)

Name of Person for Whom Hearing is Requested: <i>(Claimant)</i>	Date of Birth:	Medicaid Home and Community Based Services Waiver Participant? <i>(Check one)</i> Yes No
Address:		Daytime Telephone Number:

Name of Regional Center or State Developmental Center:

A State level fair hearing will be scheduled. In an effort to resolve this matter prior to a fair hearing, I am also requesting the following: *(Check all that apply)*

An informal meeting with the regional center's or state developmental center's director, or his/her designee.

Mediation with a neutral, independent mediator who will assist in reaching an agreement.

Reason(s) for requesting a fair hearing:

Describe what is needed to resolve your complaint:

Requester's Name If Not the Claimant:	Relationship to Claimant:
Address:	Daytime Telephone Number:

Requester's Signature  _____ Date of Request _____

Are the services of an interpreter required? No Yes If yes, what language _____

REPRESENTATIVE AUTHORIZATION

I authorize the following person *(Name)* _____

(Address) _____ *(Daytime Telephone Number)* _____

to represent me, the claimant, in this matter.

Claimant's/Area Board's Signature  _____ Date _____

DATES NOT AVAILABLE

I am not available during the following hours or days. (When identifying hours/days you will not be available, please keep in mind that an informal meeting will be held within 10 days, mediation within 30 days, and the fair hearing within 50 days after the receipt of your request.)

Signature of Claimant or Authorized Representative  _____

(Attach copy of Notice of Proposed Action. See page 2 for Appeal Rights and Instructions)

APPEAL RIGHTS

1. You may have a person or agency appointed by the local area board as your representative to assist you in the fair hearing process.
2. You have the right to a fair hearing.
3. You have the right to be present in all proceedings and to present written and oral evidence.
4. You have the right to confront and cross-examine witnesses.
5. You have the right to appear in person with counsel or other representatives of your own choosing.
6. You or your authorized representative have the right to access and examine records prior to any meeting or hearing.
7. You have the right to an interpreter.
8. You have the right to information on the availability of advocacy assistance, including referral to the clients' rights advocate, area board, publicly funded legal services, corporations, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under federal Public Law 95-602.
9. You have the right to an informal meeting with the regional center or state developmental center director or the director's designee within 10 days of the date the hearing request form is received, by the regional center or state developmental center. Notification, in writing, of the proposed date, time and place for an informal meeting shall be provided by the regional center or state developmental center director or the director's designee.
10. You have the right to request voluntary mediation prior to a fair hearing.
11. **You have the right to proceed directly to a fair hearing without participating in an informal meeting or voluntary mediation.**

INSTRUCTIONS

1. If you, or your authorized representative, are dissatisfied with any decision or action of the regional center or state developmental center which you or your authorized representative believe to be illegal, discriminatory, or not in your best interests, you or your authorized representative may use this form to request a fair hearing, along with an informal meeting with the regional center or state developmental center director, or his/her designee, and/or a mediation conference, if desired.
2. Within 30 days after notification of the decision or action complained of, the request form must be directed to the director of the regional center or state developmental center responsible for the action. The regional center or state developmental center will fax your request for fair hearing to the department and the director of the Office of Administrative Hearings, or his or her designee, within five working days of the regional center or state developmental center director's receipt of the request.
3. If you are currently receiving services and the reason for the appeal is the reduction or termination of services by the regional center or state developmental center, you must return this form to the regional center or state developmental center within 10 days after receipt of the notice of the proposed action in order to continue receiving those services during the fair hearing process.
4. If you do not have, or do not wish to have, an authorized representative, do not complete that portion of the form.
5. If you require the services of an interpreter, please check the appropriate box and provide an explanation of your interpreter needs.
6. If there is a particular time and/or day that you are not available, it is important that you specify that time or day in the space provided on the form. This is for your benefit, so that a time and day convenient to you can be scheduled for your informal meeting, mediation conference, and/or fair hearing.
7. **If you need help completing this form, contact your service coordinator or the Clients' Rights Advocate.**

SOLICITUD DE AUDIENCIA EQUITATIVA
DS 1805 (SP) (Revisado 12/06)

Nombre de la persona para quien se solicita la audiencia (Reclamante)	Fecha de nacimiento	¿Participa en el programa federal de desistimiento de servicios de Medicaid en el hogar o en la comunidad? (Marque uno) <input type="checkbox"/> Sí <input type="checkbox"/> No
Dirección		No. de teléfono durante el día

Nombre del Centro Regional o Centro de Desarrollo del Estado:

Una audiencia equitativa a nivel estado sera programada. A fin de resolver este asunto antes de la audiencia equitativa, también solicito lo siguiente: (Marque todo lo que corresponda)

- Una reunión informal con el director del centro regional o el centro de desarrollo del Estado o la persona que designe para ese fin.
- Mediación con un árbitro neutral, independiente que nos ayudará a llegar a un acuerdo.

Motivo(s) por el/los que solicita la audiencia equitativa:

Describa lo que se necesita hacer para resolver su queja:

Nombre del solicitante, si no es el reclamante	Relación con el reclamante
Dirección	No. de teléfono durante el día

Firma del solicitante ➤ _____ Fecha de la solicitud _____

¿Se requieren los servicios de un intérprete? No Sí Si "sí", ¿que idioma? _____

AUTORIZACION DEL REPRESENTANTE

Autorizo a la siguiente persona (Nombre) _____

(Dirección) _____ (No. de teléfono durante el día) _____

a que me represente a mí, el reclamante, en esta cuestión.

Firma del reclamante/
 Junta de la Zona ➤ _____ Fecha _____

FECHAS EN QUE NO ESTA DISPONIBLE

No estoy disponible las siguientes horas o días. (Cuando identifique las horas y días en que no estará disponible, tome en cuenta que la reunión informal tendrá lugar dentro de 10 días, la mediación será dentro de 20 días y la audiencia equitativa tendrá lugar dentro los 50 días después de la fecha del matasellos o del recibo de su solicitud, lo que ocurra antes).

Firma del reclamante o
 del representante autorizado ➤ _____

(Adjunte una copia de la Notificación de Acción Propuesta. Vea sus Derechos de Apelación e instrucciones en la página 2.)

DERECHOS DE APELACION

1. Usted podría tener el derecho a que una persona o un organismo nombrados por la junta de zona local como sus representantes lo ayuden en el proceso de la audiencia equitativa.
2. Tiene derecho a una audiencia equitativa.
3. Tiene derecho a estar presente en todos los procedimientos y a presentar pruebas orales y escritas.
4. Tiene derecho a confrontar y a conainterrogar a los testigos.
5. Tiene derecho a comparecer en persona con un abogado u otros representantes que usted elija.
6. Usted o su representante autorizado tienen derecho a tener acceso y a examinar los documentos antes de que se celebre cualquier reunión o audiencia.
7. Tiene derecho a tener un intérprete.
8. Tiene derecho a contar con información sobre la disponibilidad de asistencia para su defensa, incluyendo remisión a defensores de derechos de los clientes, a la junta de la zona, a servicios jurídicos costeados por el público, a empresas y a otras organizaciones de defensa costeadas por el sector privado, incluyendo el sistema de protección y defensa requerido por la Ley Pública federal 95-602.
9. Tiene derecho a que se celebre una reunión informal con el director del centro regional o centro de desarrollo del Estado o con una persona designada por el director en la primera de las siguientes fechas: 10 días a partir de la fecha del matasellos del formulario de solicitud de la audiencia o de la fecha en que lo haya recibido el centro regional o centro de desarrollo del Estado. El director del centro regional o centro de desarrollo del Estado, o la persona que designe para ello, deberán notificar por escrito la fecha, la hora y el lugar propuestos para la reunión informal.
10. Tiene derecho a pedir una mediación voluntaria antes de la audiencia equitativa.
11. **Tiene derecho a proceder directamente a la audiencia equitativa sin participar en una reunión informal o mediación voluntaria.**

INSTRUCCIONES

1. Si usted, o su representante autorizado, no están satisfechos con alguna decisión o acción del centro regional o centro de desarrollo del Estado, porque, en su opinión, es ilegal o discriminatoria, o porque no es en el mejor interés del solicitante, pueden utilizar este formulario para solicitar una audiencia equitativa, junto con una reunión informal, si lo decean, con el director del centro regional o centro de desarrollo del Estado o con la persona que designe para ese fin.
2. Dentro de los 30 días a partir de la fecha en que se haya recibido la notificación de la decisión o de la acción sobre la que se presenta la queja, el formulario de solicitud de audiencia equitativa deberá ser dirigido al director del centro regional o centro de desarrollo del Estado responsable por la acción. El centro regional o centro de desarrollo del Estado enviará su solicitud de audiencia equitativa al Departamento y al director de la Oficina de Audiencias Administrativas, o a la persona que disigne para ese fin, dentro de los cinco días a partir de la fecha en la que el director del centro regional o centro de desarrollo del Estado haya recibido la solicitud.
3. Si está recibiendo servicios en la actualidad y el motivo de la apelación es que el centro de desarrollo del Estado reducirá o cancelará los servicios, debe entregar este formulario al centro regional o centro de desarrollo del Estado dentro de los 10 días a partir de la fecha en que haya recibido la notificación de la acción propuesta, a fin de seguir recibiendo esos servicios durante el proceso de la audiencia equitativa.
4. Si no tiene, o no desea tener, un representante autorizado, no llene esa parte del formulario.
5. Si requiere los servicios de un intérprete, marque el casillero correspondiente y explique su necesidad de contar con servicios de intérprete.
6. Si hay alguna hora y/o día en el que no se halla disponible, es importante que especifique esa hora o día en el espacio provisto en el formulario. Esto es para su beneficio, para que se pueda fijar una fecha y hora que le resulten cómodas para la reunión informal, conferencia de mediación y/o para la audiencia equitativa.
7. **Si necesita ayuda para llenar este formulario, póngase en contacto con su coordinador de servicios o con el Defensor de los Derechos de los Clientes.**

Early Start Complaint Processes (CCR, Title 17 §52170)

Birth to Age 3



Early Start is for infants and toddlers under the age of three who are at risk of having a developmental disability, or have developmental disabilities or delays, and their families. There are two separate processes for addressing complaints that arise under this program:

1. Early Start Compliance Complaint
2. Due Process

The purpose of the Early Start complaint process is to investigate and resolve alleged violations of federal or state laws or regulations governing California's Early Start per Part C of the Individuals with Disabilities Education Act; Title 34 of the Code of Federal Regulations, Part 303; the California Early Intervention Services Act, Government Code, Section 95000 *et seq.*; and Title 17 of the California Code of Regulations, Sections 52000 - 52175. DDS works collaboratively with the California Department of Education to investigate early start issues involving local education agencies.



A complaint shall be submitted in writing and signed and dated by the person filing the complaint. The complaint shall include the following information if applicable:

1. The name, address and telephone number of the person filing the complaint and relationship with the infant/toddler;
2. A statement that a regional center, local education agency or any private service provider receiving Early Start funds has violated any law or regulation governing Early Start;
3. A statement of facts;
4. The party allegedly responsible; and
5. Descriptions of the voluntary steps taken to resolve the complaint, if applicable.

Any individual, agency or organization may file an Early Start Compliance Complaint. The complaint may be filed against any regional center, local education agency, or any private service provider receiving Early Start funds.

For children over age three, the incident must have happened within one year from the receipt of Early Start services. Complaints may be filed, using an Early Start Complaint Investigation Request form or a letter containing all the pertinent information signed and dated by the complainant or their authorized representative.

EARLY START COMPLAINT INVESTIGATION REQUEST DS 1827 (New 8/2007) (Electronic Version)

Any individual, agency, or organization may file an Early Start Compliance Complaint against regional center, local education agency, or any private service provider receiving Early Start funds. This form is voluntary and may be used as guidance in writing your complaint letter.

Name of Person Filing Complaint	Relationship to Infant/Toddler	Telephone Number	
Address (Mailing Address)	(City)	(State)	(Zip)
Name of Infant/toddler	Birth Date (Month, Date, Year)		
Regional Center/Local Education Agency/School District			

Describe your complaint including the following as applicable: (a written statement may be attached or used instead of the form).

- A statement that a regional center, local education agency or any private service provider receiving Early Start funds has violated any law or regulation governing Early Start;
- A statement of facts upon which the alleged violation is based;
- The party allegedly responsible; and
- A description of the voluntary steps taken to resolve the complaint, if applicable.

Submit all complaint requests to: Department of Developmental Services
Office of Human Rights
Attention: Early Start Complaint Unit
1600 Ninth Street, Room 240, MS 2-15
Sacramento, CA 95814
Phone: (916) 654-1888 Fax: (916) 651-8210

Signature

Date

*Confidential Client Information
W & I Code, Sections 4514 and 5328*

QUEJA DEL PROGRAMA EARLY START SOLICITUD DE INVESTIGACIÓN DS 1827 (Nuevo 8/2007) (Versión Electrónica)

La Queja por Incumplimiento del programa Early Start puede ser presentada por individuos, organismos u organizaciones en contra de un centro regional, un organismo educativo local o un proveedor de servicios privado que se beneficie con fondos previstos por el programa Early Start. El uso de este formulario es voluntario y le sirve como una guía para que escriba una carta con su queja.

Nombre de la persona que presenta la queja	Relación con el bebé/niño	Teléfono	
Domicilio (postal)	(Ciudad)	(Estado)	(Código Postal)
Nombre del bebé/niño	Fecha de nacimiento (mes/día/año)		
Centro regional/organismo educativo local/distrito escolar			

Describa su queja respondiendo a los siguientes puntos, si es posible (puede agregar una declaración escrita en lugar de este formulario):

- Declaración de que el centro regional, organismo educativo local o proveedor privado de servicios que recibe fondos previstos por el programa Early Start incumplió una ley o un reglamento relacionado;
- Declaración de hechos sobre los que se funda la presunta violación de derechos;
- Las personas presuntamente responsables; y
- Las medidas voluntarias tomadas para resolver la queja, si corresponde.

**Presentar las solicitudes de queja al: Departamento de Servicios para el Desarrollo
Oficina de Derechos Humanos y Servicios de Asesoramiento
Atención: Unidad de Quejas Relacionadas con Early Start
1600 Ninth Street, Room 240, MS 2-15
Sacramento, CA 95814
Teléfono (916) 654-1888 Fax (916) 651-8210**

Firma

Fecha

Early Start Mediation Conference and Due Process (CCR, Title 17 §52172 et. seq.):

Birth to Age 3



The Early Start Mediation Conference and Due Process Hearing process is used to resolve disagreements between families and a regional center or a local education agency related to a proposal or refusal for identification, eligibility, evaluation, assessment, placement, or provision of early intervention services.

Any party seeking state level action on a disagreement, falling into the categories noted above, may file a request for a voluntary mediation and/or due process hearing by filing a Due Process Mediation and Hearing Request (DS 1802) form. The Due Process Mediation and Hearing Request should be filed with Office of Administrative Hearing (OAH):

**Office of Administrative Hearings
Attn: DDS Calendar Clerk
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
Phone: (916) 263-0654
Fax: (916) 376-6318**

The mediation conference and/or due process hearing will be completed within 30 days from the receipt of the request by OAH. The timely issuance of the written decision may not be delayed by any voluntary local efforts happening at the same time to resolve the matter. The decision will be final unless appealed with the court of appropriate jurisdiction.

INSTRUCTIONS

This form may be completed by any party seeking state level action on a disagreement regarding identification, eligibility, evaluation, assessment or provision of early intervention services for infants and toddlers birth to 36 months of age and their families. All parties are encouraged to resolve differences locally. However, when differences cannot be resolved, voluntary impartial mediation and due process hearings are available. Persons filing this form may seek assistance in filing out this form from their child's assigned service coordinator or other regional center or local education agency representatives.

- I. PETITIONER INFORMATION - Complete the information as the person authorized to initiate these proceedings. In most cases, this is the parent, surrogate parent or other legal guardian for the child who is the subject of the disagreement. It may also be a regional center or local education agency.
- II. RESPONDENT INFORMATION – Provide information about the party(ies) with whom you are having the disagreement. It is critical that this information is complete and accurate. It will be used to contact the other party(ies) in this proceeding. Your child's assigned service coordinator is available to assist you in identifying the appropriate respondent(s) for the specific issue(s) in question.
- III. OTHER INFORMATION
 - A. Briefly state the issue(s) related to the disagreement. A written statement may also be attached.
 - B. Briefly describe what you believe to be the appropriate solution to your disagreement. Again, a written statement may be attached.
 - C. There are two processes available at the state level to resolve your dispute. They are the mediation conference which is voluntary and the due process hearing. The parties to the disagreement are encouraged, as a first step, to utilize the mediation process. Mediation is a voluntary impartial and non-adversarial dispute resolution process. If mediation is not successful in resolving the issue(s), the parties automatically proceed to the scheduled due process hearing. Either party in these proceedings has the right to waive the mediation conference and proceed directly to the due process hearing. Please indicate whether you are interested in attending a mediation conference.
 - D. Identify the appropriate public location that would be convenient for you to attend the conference or hearing.
 - E. Sign and date the form.
- IV. AUTHORIZED REPRESENTATIVE (Optional) - A parent, surrogate parent or other legal guardian may authorize any other person to represent their interest throughout the due process hearing. If requesting an authorized representative, both the person filing the complaint and the representative must sign this form. If not requesting an authorized representative, leave this section blank.

V. SUBMIT ALL HEARING REQUESTS TO:

DDS Calendar Clerk

**Office of Administrative Hearings
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
(916) 263-0654
FAX (916) 376-6318**

Upon receipt of your request, OAH will notify you of the scheduled time and location of the mediation conference and/or due process hearing which will be Conducted as follows:

1. The mediation conference and due process shall be conducted at a time and place reasonably convenient for the parent(s) or person filing the complaint. Both meetings must be conducted in the language of the family's choice or other mode of communication, unless clearly not feasible to do so.
2. The proceedings shall be conducted by an impartial person knowledgeable in the laws governing early intervention services and administrative hearings. The same administrative law judge will not be assigned to the mediation conference and the hearing.
3. Until an agreement is reached or a decision made, the infant or toddler will continue to receive the early intervention services currently being provided, unless the parties agree otherwise.
4. Any party to a mediation conference also has the right to:
 - a. Be accompanied by a representative(s) of their choice;
 - b. Present relevant information about the issue of disagreement; and
 - c. Obtain a written copy of the mediated agreement, signed by both parties.
5. Any party to a due process hearing has the right to:
 - a. Be accompanied by counsel and/or by individuals with special knowledge relating to the needs of infants/toddlers with disabilities;
 - b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
 - c. Prohibit the introduction of any evidence that has not been disclosed to the party at least five (5) days before the hearing;
 - d. Obtain a written or electronic verbatim transcription of the proceedings; and
 - e. Obtain written findings of fact and the decision.
6. Within thirty (30) calendar days of the receipt of the written request by OAH, the mediation conference and/or the due process hearing shall be conducted and written copy of either the mediation agreement or the hearing decision shall be mailed to both parties.
7. The results of the hearing shall be final and binding on all parties.
8. Either party who disagrees with the outcome of the hearing may appeal the decision to a court of competent jurisdiction.

**PETICION DEL PROCESO DE APELACION
PARA UNA AUDIENCIA
DS 1802 (Rev. 11/2006)(Electronic Version)**

PROGRAMA DE COMENZAR TEMPRANO

I. Información del Solicitante (Persona autorizada para iniciar la petición.)

Padre/Madre	Guardián Legal	Padre Asignado/Subrogado	Representante Autoizado	Centro Regional o Agencia de Educación Local
Nombre del Solicitante _____				
Dirección (Número y Calle) _____		(Ciudad) _____	(Estado) _____	(Código Postal) _____
Número de Teléfono _____				Fecha de Nacimiento (mes, día, año) _____
Nombre del niño/ a por quien se hace la petición _____				
Dirección (Número y Calle)(Si es diferente del Solicitante) _____		(Ciudad) _____	(Estado) _____	(Código Postal) _____
Número de Teléfono _____				

Si el niño/infante está en un programa para el desarrollo del infante. ¿Cómo se llama el programa? _____

II. INFORMACION DEL RESPONDEDOR (Agencia de educación local, padre o centro regional, partido con quien tiene el desacuerdo.)

1. Nombre/Título _____	Organización _____	Número de Teléfono _____
Dirección (Número y Calle) _____	(Ciudad) _____	(Estado) _____ (Código Postal) _____
2. Nombre/Título _____	Organización _____	Número de Teléfono _____
Dirección (Número y Calle) _____	(Ciudad) _____	(Estado) _____ (Código Postal) _____

III. OTRA INFORMACIÓN

A. Describa su desacuerdo (Puede incluir su declaración por escrito.) _____

B. Describa la solución que Ud. propone para el desacuerdo (Puede incluir su declaración por escrito.) _____

C. Deseo de una conferencia de mediación (Antes del proceso de audiencia administrativa, una conferencia de mediación está disponible. La conferencia de mediación es menos formal, imparcial y es un proceso de resolver la disputa sin adversidad. Aunque se sugiere una mediación, no es un requisito. Si la mediación no tiene éxito, el proceso de audiencia administrativa se programa automáticamente.)

Acepto la conferencia de mediación No acepto la conferencia de mediación

D. Prefiero que la conferencia/audiencia se lleve a cabo en el centro regional ___ o en la agencia de educación local ___ o en otro lugar público apropiado ___ localizado en:

Dirección (Número y Calle) _____	(Ciudad) _____	(Estado) _____	(Código Postal) _____	Número de Teléfono _____
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E. Firma del solicitante _____	Fecha _____
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IV. REPRESENTANTE AUTORIZADO (Opcional) (El padre/madre puede autorizar que otra persona los represente a través de la audiencia formal.)

Yo autorizo _____, _____, que me represente en ésta cuestión
 (Nombre del Solicitante) (Relación al Solicitante)

Firma del Solicitante _____	Fecha _____
Firma del Representante _____	Fecha _____

INSTRUCCIONES

Esta forma puede completarse por cualquier partido solicitando la acción al nivel estatal en un desacuerdo de indentificación, elegibilidad, evaluación, asesoramiento o provisión de servicios de intervención temprana para niños desde nacimiento hasta la edad del 36 meses y sus familias. A todos se les aconseja que resuelvan sus diferencias a nivel local. Sin embargo, cuando las diferencias no pueden resolverse, está al alcance una mediación imparcial voluntaria o un proceso de audiencia. Las personas que presentan ésta forma pueden obtener ayuda para llenarla del coordinador de servicios asignado a su niño/a o de otro representante del centro regional o de la agencia de educación local.

- I. INFORMACION DEL SOLICITANTE – Complete la información como la persona autoizada para iniciar estos procedimientos. En la mayoría de casos, es el padre/madre, sustituto del padre/madre o guardián legal del niño/a que es el sujeto del desacuerdo. También puede ser un centro regional o agencia de educación local.
- II. INFORMACION DEL RESPONDEDOR – Proveer información acerca de la persona/s con quien tiene el desacuerdo. Es muy importante que esta información sea completa y precisa. Se usará para ponernos en contacto con los otros partidos de éste procedimiento. El coordinador de servicios asignado a su niño/a le puede ayudar en identificar el respondedor/es apropiado/s para el caso específico que está en cuestión.
- III. OTRA INFORMACION
 - A. Diga brevemente las cuestiones relacionadas con el desacuerdo. Puedo incluirse un relato por escrito.
 - B. Brevemente describa lo que Ud. Cree es una solución apropiada para su desacuerdo. Puede, también, incluir un relato por escrito.
 - C. Están disponibles dos procesos al nivel estatal para resolver su disputa. Ellos son la conferencia de mediación que es voluntaria y el proceso de audiencia imparcial. Se les sigue a los partidos que están en desacuerdo que, como un primer paso, utilicen el proceso de mediación. La mediación es imparcial y es un proceso de resolver la disputa sin adversidad. Si la mediación no tiene éxito, el proceso se programa automáticamente. Cualquier partido puede hacer un lado la conferencia de mediación y proseguir directamente con el proceso. Favor de indicar si está interesado/a en atender una conferencia de mediación.
 - D. Identificar el lugar público y apropiado que le sea conveniente para atender la conferencia o audiencia.
 - E. Firmar y fechar la forma.
- IV. MANDE SUS SOLICITUDS PARA EL JUICIO PROCESSO:

El secretario calendario de Departamento de Servicios del Desarrollo

Oficina de Audiencias Administrativas
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
(916) 263-0654
FAX (916) 376-6318

Tan pronto sea recibida su solicitud, La Oficina de Audiencias Administrativas le notificará la fecha y lugar de la conferencia de mediación y/o proceso de audiencia que será conducido como sigue:

1. La conferencia de mediación y proceso de audiencia será conducido a un tiempo y en un lugar razonablemente conveniente para los padres o personas poniedo la queja. Ambas reuniones deberán ser conducidas en el lenguaje o modo de comunicación que escoja la familia, a menos que claramente no sea posible hacerlo.
2. Los procedimientos deberán ser conducidos por una persona imparcial que conoce de las leyes que gobiernan los servicios de intervención temprana y audiencias administrativas. El mismo juez de ley administrativa no sera asignado a la conferencia de mediación y la audiencia administrativa.
3. Mientras se llega a un acuerdo o se hace una decisión, el niño/a continuará recibiendo servicios de intervención temprana que se proven actualmente, a menos que ambos partidos estén de acuerdo en algo diferente.
4. Cualquier partido a una conferencia de mediación también tiene el derecho a:
 - a. Ser acompañado de un representante (o más) de su gusto;
 - b. Presentar información relacionada con el desacuerdo; y
 - c. Obtener una copia por escrito del acuerdo negociado, firmado por los dos partidos.
5. Cualquier portido a un proceso de audiencia tiene el derecho de:
 - a. Ser acompañado por un abogado o personas que tenga conocimiento especial relacionado con las necesidades del niño/a con discapacidades;
 - b. Presentar evidencia y confrontar, interrogar, y exigir las presencia de testigos;
 - c. Prohibir la introducción de cualquier evidencia que no ha sido divulgada al partido por lo menos cinco (5) días antes de la audiencia;
 - d. Obtener transcripción literal del proceso por escrito o en forma electrónica; y
 - e. Obtener resultados por escrito de datos y la decisión.
6. Dentro de (30) días de haber recibido la solicitud por escrito la Oficina de Audiencia Administrativas, la conferencia de mediación y/o proceso de audiencia imparcial será conducida y una copia por escrito ya sea del acuerdo de mediación o la decisión de la audiencia serán enviados por correo a los dos partidos.
7. Los resultados/decisions de la audiencia son finales y obligan a todos los partidos.
8. Cualquier partido que está en desacuerdo con el resultado de la audiencia, puede apelar la decisión a una corte de jurisdicción competente.

Citizen Comments and Complaints (GC, §8331)



The Citizen Complaint Act of 1997, Government Code Section 8331, requires all state agencies to have a complaint form available on the Internet. This form can be accessed from the DDS website at www.dds.ca.gov under “Appeals, Complaints, & Comments”.

This complaint process is for general complaints or comments against a regional center, developmental center, or DDS headquarters by a concerned citizen. You may also use the Citizen Comments and Complaints form to acknowledge any individual, regional center, developmental center, or service provider for noteworthy service or conduct.

The form can be sent directly to the regional center, developmental center or to DDS’ Office of Human Rights & Advocacy Services (OHRAS). If you send the form to OHRAS, it will be forwarded to the local level (regional center, developmental center, or appropriate DDS division) for a response, with a request to respond to the complainant and to forward a copy of the response to OHRAS. There is no appeal process, however OHRAS logs all Citizen Complaints and monitors for timely response.

Citizen Comments and Complaints DS 2007 (Rev. 8/2007) (Electronic Version)

This form may be used to submit comments and complaints relating to any issue of concern. Mail the completed form with any accompanying documents to:

Department of Developmental Services
Office of Human Rights and Advocacy Services
1600 9th Street, Room 240, MS 2-15
Sacramento, CA 95814

Please note that California regional centers and developmental centers are required to respond to most formal complaints at the first level and have local procedures for handling each type of complaint. All Consumer Rights, Title 17 complaints, and requests for fair hearings received by the Department of Developmental Services (DDS) will be forwarded to the appropriate regional or developmental center for response. To avoid delays in responding to one of these complaints, please submit them directly to the respective center.

Additionally, this form may be used for any complaints or comments regarding DDS headquarters.

Please provide the following information if you would like a response to your comments or complaints:

Name <i>(First)</i>		<i>(Last)</i>	
Street Address or P. O. Box		<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
Signature	<i>(Day Telephone Number)</i> (Optional)	<i>(Date)</i>	

Please state your comments or complaints below. You may attach additional pages.

Implemented in accordance with the Citizen Complaint Act of 1997

Comentarios y Quejas de los Ciudadanos DS 2007 (Revisado 8/2007) (Versión Electrónica)

Este formulario puede utilizarse para presentar comentarios y quejas relacionados con cualquier tema de su interés. Envíe por correo el formulario completo con cualquier documento adjunto a:

Department of Developmental Services (*Departamento de Servicios de Desarrollo*)
Office of Human Rights and Advocacy Services (*Oficina de Derechos Humanos y Servicios de Defensoría*)
1600 9th Street, Room 240, MS 2-15
Sacramento, CA 95814

Por favor tome nota de que se requiere que los centros regionales de California y los centros de desarrollo respondan a los quejas más formales al primer nivel y que tengan procedimientos locales para manejar cada tipo de queja. Todos los Derechos del Consumidor, quejas Título 17 y pedidos para audiencias equitativas que reciba el Departamento de Servicios de Desarrollo [Department of Developmental Services (DDS)] serán enviados al centro regional o de desarrollo correspondiente para su respuesta. Para evitar demoras en la respuesta a estas quejas, por favor preséntelos directamente al centro correspondiente.

Además, este formulario puede utilizarse para cualquier queja o comentario respecto de las oficinas centrales de DDS.

Por favor incluya la siguiente información si le gustaría recibir una respuesta a sus comentarios o quejas:

Nombre (Primer Nombre)

(Apellido)

Dirección o P. O. Box (Casilla de Correo)

(Ciudad)

(Código Postal)

(Estado)

Firma

(Nr. de Teléfono de día) (Opcional) *

(Fecha)

Por favor incluya sus comentarios o quejas más abajo. Usted puede agregar páginas adicionales.

Implementado conforme al Citizen Complaint Act de 1997

Confidential Client Information
W & I Code, Sections 4515 and 5328

Assembly Bill No. 1402

CHAPTER 512

SEC. 2. Section 4704.6 is added to the Welfare and Institutions Code, to read:

Each regional center and each vendor that contracts with a regional center to provide services to consumers shall conspicuously post on its Internet Web site, if any, a link to the department's Internet Web site page that provides a description of the appeals procedure set forth in this chapter and a department telephone number available for answering consumer and applicant appeals procedure questions.