Local AEDY Complaint Form

You may make copies of this form, use additional paper, or call/email Nicole Fantozzi, Dean of Students at PA Treatment & Healing at 570-517-7153/nicolef@pathtochang.org for additional copies. You may also attach copies of relevant documents to this form.

My preferred method of contact is:

☐ By phone ________________________________:

Best time during normal business hours to call: ________________

☐ By email ________________________________:

☐ In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

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

Name of Child: ____________________________________________

Child’s Date of Birth: ______________________________________

Address of Child: ______________________________________

Complainant Information

Name: _________________________________________________

Address: ______________________________________________

Phone Number:

Home:______________________________________________

Work:______________________________________________

Cell:______________________________________________

E-mail:____________________________________________

Relationship to child or children:

☐ Parent  ☐ Attorney  ☐ Advocate  ☐ Other

School/Program Information

Child’s school and school district:____________________________________________

Child’s AEDY Program (please include even if the child has not yet attended the program and has only been referred to attend)________________________________________

Is the child currently in school? ☐ Yes ☐ No

If so, where is the child’s current program:

School Building:____________________________________________

School District:____________________________________________

Charter School:____________________________________________

Private Provider:____________________________________________

Complete only if the complaint is filed on behalf of a homeless child or youth.

Contact Person:____________________________________________

Telephone:____________________________________________

Complaint Information

On or about what date did the violation occur?________________________________
To clarify my allegations, I would like PA Treatment & Healing to interview the following person(s). (Optional)

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Provide a statement about the violation and issue, which you believe has occurred. Please include a description of the problem.

List the facts that support your statement.

What, if any, is your proposed solution to this problem?

Please return the form to:

PA Treatment and Healing
149 Saw Mill Court
East Stroudsburg, PA 18301

cc: In-house or Private Provider AEDY Program