



**PAUSE4kids a Non-Profit 501c(3) Organization**  
**PO Box 7114 Thousand Oaks CA 91359**  
**(805) 497-9596 [Voice]**  
**(805) 426 0937 [Fax]**

***Regional Center Consumer Satisfaction Data Collection***

PAUSE4kids has become aware of an alarming increase of complaints by parents of special needs children about the level of service received from Regional Centers around California. We are especially concerned about reports of inconsistent policies on eligibility and levels of service between various Centers, categorical denials of service without sufficient justification, and the lowering of the criteria for vendor selection or retention among other issues.

In response to this alarming trend, PAUSE4kids would like to collect more specific information from parents of Regional Center consumers about this situation. We are looking to identify trends, and systemic failures. More importantly we are looking for authenticated facts to support efforts to bring about a political or judicial solution. Please help us collect data.

- 1) Please make copies of this form, and distribute it to individuals and organizations who may also provide us with information.
- 2) Please complete this form with any information you might have that would pertain to systematic failures at any Regional Center.

**. Please mail to PO Box 7114, Thousand Oaks, CA 91359 or fax the form back to our office at (805) 426 0937. You may be contacted to discuss your report.**

YOUR BACKGROUND INFORMATION			
Your Name:			
Street Address:			
City:		Email:	
State:	ZIP Code:	Country:	
Home Phone: (    )		Cell Phone: (    )	
Regional Center:		Case Manager:	

**INFORMATION ABOUT YOUR CHILD**

Child's Name:

Age:

Date of Birth:

Grade:

School:

District:

Is your child eligible for service? \_\_\_\_ (yes) \_\_\_\_ (no) Category:

Regional Center Case Number:

**YOUR REGIONAL CENTER CONCERN OR COMPLAINT**

Describe any problems you are having with your Regional Center:

Describe what steps you have taken to try and resolve these problems:

What was the response you have received from the Regional Center?

When did these events take place?	Have you had a Fair Hearing?
Fair Hearing Case number?	OAH Office:
Fair Hearing Outcome:	
<b>ADDITIONAL INFORMATION ABOUT YOUR CONCERN</b>	
Please provide the names and role of any other Regional Center Staff who has had involvement in your complaint:	
Please comment or provide any additional information you would like us to consider:	
Please describe any documentation you have to support your concerns above. You may also attaché copies to this form.	
<b>Authorization:</b> Please allow PAUSE4kids to use this information by authorizing us to tabulate and disclose what you have reported to our Board of Directors, to Governmental Officials, and any others who might help us with these concerns. By your signing this document below you consent to our release of the information supplied above, or by our follow up contact with you to others.	
Signature:.	Date: