

## Request for Informal Dispute Resolution (IDR) or Appeal Hearing

Name of Complainant: \_\_\_\_\_

Are you requesting an  IDR (informal meeting with a Division of Developmental Disabilities representative) or  Appeal (fair hearing with a DHHS Hearing Officer)? (Please attach a copy of the Notice of Decision.)

Why do you disagree with the action or decision? \_\_\_\_\_

\_\_\_\_\_

What is the outcome that you want? \_\_\_\_\_

\_\_\_\_\_

List any policies, procedures, regulations or statutes that you believe have been violated, if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant  
(or parent of a minor or court-appointed guardian)

\_\_\_\_\_  
Date

If you want someone to help you with the IDR or appeal hearing, you must give your written consent.

I, \_\_\_\_\_ (complainant) give my consent for \_\_\_\_\_,  
who is my \_\_\_\_\_ (relationship) to represent me in the IDR or Appeal.

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**Submit this form with a copy of the Notice of Decision to:**

***For Informal Dispute Resolution (IDR) or Appeal Hearing:***

Division of Developmental Disabilities  
Dept. of Health and Human Services  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, Nebraska 68509-5026  
Email: [DHHS.DDAppeals@nebraska.gov](mailto:DHHS.DDAppeals@nebraska.gov) or FAX: 402-471-8792

(Retain a copy for your records)