Community Comment/Complaint/Concern Tracking Form

Today's Date: _____

Each step must be taken in the correct order to ensure a timely and effective response to your concerns. Advancing to an inappropriate step or person in charge will only slow the process as it must be documented that each step was appropriately followed. This form will help you to complete the process and ensure that you have a record of who has been spoken to and what has been accomplished. Please feel free to attach additional appropriate documents that help to explain what has been accomplished.

Staff person receiving the comment or complaint must sign. A signature does not mean that you agree or disagree with the complaint. After recording the suggested solution, action or recommendation given, make a copy and place it in the family file.

All concerns should be presented to your Family and Community Specialist (FACS) or your child's Teacher. The concern must be in writing using this form. You may attach any other information needed to explain your concerns.

Step 1

Date incident or problem occurred: _____ (Within the last 10 Days)

Are there any documents attached with this tracking form? • Yes • No

Describe the nature of your comment, concern or complaint: _____

_____

_____

Suggested Solution, action, or recommendation given: _____

_____

_____

Person submitting comment or complaint: _____

                    Please Print   (Name)   (Relationship to child)

                          (Signature)   (Today's Date)

Staff Person receiving the comment or complaint. _____

                          (Signature   Position   Date action taken)

Attach a written explanation of any immediate action taken. _____

                          (Number of pages attached)

Step 2 (If Necessary) Concern forwarded to a Program Manager

This form will be forwarded on to the staff person's Program Manager along with a request for them to attempt to resolve your concern. Unless the nature of the concern is an emergency, the Program Manager will have 3 **business** days to respond to your concern by phone or in writing.

Outcome notes from either a phone call or face to face meeting: _____

_____

_____

_____

Program Manager resolving the comment or concern: _____

(Signature   Position   Date action taken)

Attach a copy of written response and explanation of action taken. _____

(Number of pages attached)

Step 3 –The Head Start Executive Director receives the information.

Location or name of Site: _____

Describe any additional information about your concern, so that it can be placed on the meeting agenda. _____

_____

_____

_____

Name of Site Chairperson: _____   _____

Signature   Date received   Date of meeting

Attach notes about the discussion at the meeting/minutes of the meeting when they become available.

_____

(Number of pages attached)

■

Step 4 –Your concern will be taken to the Governing Board and Policy Council

If the concern remains the concern will be taken to the Policy Council and Governing Board respectively. The concern will be presented in writing and placed on the agenda of the next regularly scheduled meeting. Should the Executive Director determine that your concern is a violation of a Consortium policy or requires a change in policy to be resolved she will make appropriate recommendations to the Policy Council and Governing Board for appropriate action.

_____ _____

(Number of pages attached)

Describe any change or unresolved portion of the problem. _____

_____

_____