

Community Comment Tracking Form

Today's Date: _____ Parent/Guardian's Name: _____

Child's Name: _____ Site/Classroom: _____

Do you wish to leave a number to be contacted for further information? Yes ___ No ___ Phone Number: _____

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 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 Take concern to Head Start person directly responsible

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 action taken: _____
(number of pages attached)

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

If your concern has not been resolved in the meeting with your Teacher or FACS, 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. Should a face-to-face appointment be needed, the Program Manager will have **5 business** days from the time of making their first contact with you to schedule a meeting.

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

Program Manager resolving the comment or concern: _____
(Signature) (Position) (Date)

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action taken)

Attach a copy of the written response and explanation of action taken: _____
(number of pages attached)

Step 3 – Take the concern to the Head Start Executive Director

Individual Parent Concern-If the concern remains unresolved following the meeting outlined in Step 2, the individual may, within 3 business days, make a written request to meet with the Head Start Executive Director.

The Head Start Executive Director will meet with all parties involved within **3 business** days of the written request. If a resolution to the concern is agreed upon, no further action is necessary. Within **5 business** days following the meeting, the Head Start Executive Director will provide the individual with a written summary of the action proposed to resolve the concern.

Today’s Date: _____

Location or Name of Site: _____

Describe any changed or unresolved portion of the problem: _____

Head Start Director received the complaint: _____

(Date)

Attach response _____

(number of pages)

Step 4 – Take the concern to the Governing Board and Policy Council

If the concern remains unresolved following the meeting outlined in Step 4, the concern should be taken to the Policy Council. The concern should be presented in writing to the Policy Council Chairperson with a request to have the concern placed on the agenda of the next regularly scheduled Policy Council meeting. You will be made aware of the date and time of the next meeting, should you wish to attend. All of these actions still assume that your concern is not or does not create an **emergency**.

Describe any change or unresolved portion of the problem. _____

Chairperson receiving documentation from parent and/or Head Start Director: _____

(Signature)

(Date)

Attach description of action or resolution passed to correct the problem or submit to the Governing Board _____

(number of

pages)