HEAD START COMMUNITY/PARENT CONCERNS/COMPLAINT FORM

Name _____ Date _____
Address_____
Phone _____ Work/Other Phone _____

Head Start Child's Legal Parent/Guardian _____ Community Member _____
Other (Please describe)
_____
_____
_____

Child's Name (if applicable)_____
Center Location: Carbondale ___ Marion ___ Murphysboro ___
Co-Location (Malone's) ____
Attendance ___am ____ pm ____all day

Nature of complaint. Please explain and describe the incident(s) in detail and Attach to this form. Cite times, dates, witnesses, and events.

What Corrective action would you like to see taken regarding this complaint?
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
(Add pages if necessary)

_____ _____
Signature of Complainant Date

_____
Center Director Date