

PROCEDURE FOR COMMUNITY CONCERNS/COMPLAINTS

1304.50(d)(2)(v) The Governing Body and Policy Council have the operating responsibility (the individual or group that is directly responsible for carrying out or performing the functions consistent with the general guidance and oversight from the group holding general responsibility) to establish and maintain procedures for hearing and working with grantee agency to resolve community complaints about the program.

The Policy Council, along with the Advisory Board establishes and maintains procedures for working with the grantee agency to resolve community complaints about the program. The procedure for parents or a community member to make a formal concern/complaint regarding the SIUC Head Start program the following procedures must be followed:

1. All formal parent/community concerns/complaints must be submitted in writing to the Center Director on the SIUC Head Start Parent/Community Complaint Form. The Center Director will forward a copy of the concern/complaint to the Head Start Director for information purposes only. The Center Director will investigate and make every effort to resolve the concern/complaint at this level within two weeks of receiving the complaint.
2. If the Center Director cannot satisfactorily resolve the concern/complaint, the Center Director will refer the concern/complaint to the Head Start Director to investigate and determine any actions to be taken. The complaint when deemed appropriate will be forwarded to the Executive Director.
3. If the Head Start Director cannot resolve the concern/complaint, the Executive Director will be informed. The Executive Director will determine necessary action to be taken. The Executive Director will inform the Advisory Board and the Policy Council of the complaint and action taken or seek input from the Advisory Board and Policy Council for resolutions concerning incidents of a serious nature such as incidents involving injuries, potential litigation, and safety issues.

Note: Complaint forms are available at the Center Director's offices or Head Start Director's office. Anyone needing help completing the form may contact the respective community worker and/or Center Director.

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 (JALC) ___ 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 _____

HEAD START RESOLUTION FORM

Complainant Name _____ Date _____

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

Child's Name (if applicable) _____

Center Location: Carbondale ___ Marion ___ Murphysboro ___
Co-Location (JALC) ___ Co-Location (Malone's) ___

Attendance: ___ am ___ pm ___ all day

Summary of complaint:

Nature of Investigation: How was investigation handled (meeting, phone call, interviews, etc.)?

Action Taken:

Completed by _____
Signature