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 ______________________________________ Date __________________

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?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

(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

Policy Council Approval 6/18/16
Governance Advisory Board Approval 7/27/16