

COMMUNITY COMPLAINT AND RESOLUTION

The Shasta Head Start Child Development, Inc. (SHS) community complaint process is a means for the resolution of complaints by community members and program participants such as parents or guardians.

SHS staff members are referred to the Grievance Policy of the Personnel Policies as their avenue for dealing with complaints.

Community members should communicate directly with the Executive Director, beginning at Step 3.

Steps for parents and legal guardians:

1. Meet with the Site Supervisor or Head Teacher about your concern. Work together to find a cooperative solution.
2. If the solution offered by the Site Supervisor is not satisfactory, ask for the Area Manager's name and phone number, and speak on the phone or meet in person.
3. If the solution offered by the Area Manager is not satisfactory, concerns should be addressed in writing to the Executive Director of Shasta Head Start at 375 Lake Blvd. Suite 100, Redding, CA 96003.

The written complaint shall contain the following items:

- The date, center location, and employee involved
- Specific description of the complaint
- Desired outcome

The Executive Director will respond in writing within 7 business days.

4. If the complaint is not satisfactorily settled by the Executive Director, the complaint should be forwarded to the Board of Directors at Shasta Head Start, 375 Lake Blvd. Suite 100, Redding, CA 96003, with a request for a hearing within 30 business days. The Board of Directors will respond in writing within 30 business days of the hearing. The decision by the Board of Directors is final and binding.

All complaints and issues will be discussed in a manner that is respectful, cooperative and collaborative, safe, and lawful for children, parents, and staff.

See the back of this form for the written complaint outline.

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Step 3: Written Complaint

Please complete the form below and follow the appropriate steps for submission on the previous page (Step 3). Attach an additional page if needed.

Name (please print): _____ Today's Date: _____

Center Location: _____

Employee(s) Involved: _____

Specific Description of Complaint:

Desired Outcome:

Response Address (your address):

Street Address

City State Zip Code