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| Head Start Program Concern | | | | | | |
| YVEDDI Head Start wants to ensure that we provide the best quality program for our children and their families, for our staff and for the communities we serve. We are aware that an occasional concern may arise that we need to address. In order  to maintain fairness and trust in the validity of any concerns, we request that you complete and submit this form as directed  below.  *Procedure: This form will be introduced at all Parent Meetings and made available on all Parent Boards. The form should be completed and submitted to our Teaching Staff or Family Advocate. After review, the form will be submitted to the Head Start Director.* | | | | | | |
| Parent/Guardian Name |  | | | Phone |  | |
| Child's Name |  | | | Classroom |  | |
|  | | | | | | |
| To which content area does your concern relate? | | | | | | |
| Health and Nutrition Services  Dental and/or Vision Services  Child Mental Health Services  Emergency Services | | | Child Development/School Readiness  Family Services Goal Setting  Transportation Services  Adult Education/Job Search Services  Other (please specify) | | | |
| Please describe your concern: | | | | | | |
|  | | | | | | |
| Parent/Guardian Signature | |  | | Date | |  |
| Teacher/Family Advocate Signature | |  | | Date | |  |
| Director Signature | |  | | Date | |  |