

MID-WEST NEW MEXICO COMMUNITY ACTION PROGRAM
HEAD START

PARENT/COMMUNITY COMPLAINT FORM

Complainant Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Head Start Center: _____

1. The date(s) during which the alleged actions occurred: _____

2. Please state reason for complaint: _____

3. The nature of the incident or action that led to the complaint: _____

4. Names and addresses of persons who may have knowledge of the incident or action: _____

Date Complaint Received: _____

Person Receiving Complaint: _____

*Please submit this form in writing within five (5) days after the events on which the grievance is based.