



Parent Comment/Complaint Form

Parent's Name: _____ Date: _____ Time: _____

Child's Name: _____ Classroom: _____

Comment/Complaint Received By: _____ Date Sent to Program Manager: _____

Comment/Complaint:

Action Taken (Program Manager will complete): To include: date(s) of parent communication, outcome of investigation if one was required, solutions/ corrective actions and the date of implementation, as well as parent's response to Program Manager proposed resolution.

Submitted By: _____ Date: _____