

BCMWS Community Services, Inc.  
Head Start

Parent and Community Complaint/Concern Process

**PART 1 - Head Start Parent Complaint/Concern:**

1. Fill out the Complaint/Concern Form and give to your Teacher/Home Visitor for discussion. If you are NOT satisfied with the results go to STEP # 2.
2. Contact Tammy Barbre, Education Manager, at 532-4890 ext. 139 and ask for a meeting with you and the Teacher/Home Visitor. If you are NOT satisfied with the results of that meeting, go to STEP #3.
3. Let the Education Manager know you are still not satisfied and ask for a meeting with the Head Start Director and Policy Council Chairperson. If you are NOT satisfied with the results of that meeting, go to STEP #4.
4. If no resolution to the complaint/concern is achieved, the BCMW Executive Director will meet with the parties involved. If you are NOT satisfied with the results of that meeting, go to STEP #5.
5. If all of the above avenues do not lead to a successful resolution of the complaint/concern, an appeal for local determination may be made to the BCMW Board's Personnel Committee.
6. FINAL determination will be made by the BCMW Board of Directors.

**PART 2 - Community Complaint/Concern:**

1. Fill out the Complaint/Concern Form and mail to the Head Start Director.
2. The Director will contact you as soon as possible to set up an appointment to discuss the matter. If no resolution to the complaint/concern is achieved, go to STEP #3.
3. The BCMW Executive Director will meet with the parties involved to include the Head Start Director and Policy Council Chairperson. If no resolution to the complaint/concern is achieved, go to STEP #4.
4. Contact Ms. Sue Castleman, Executive Director, in writing and request an appeal for local determination to be made by the appropriate BCMW Board Committee.
5. FINAL determination will be made by the BCMW Board of Directors.

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Parent and Community Complaint/Concern Form

Complaint/Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Head Start Parent complaint/concern: Please follow steps in Part 1 of process

Community complaint/concern: Please follow steps in Part 2 of process and mail to:

Mrs. Maria Koehler, Head Start Director

Or

Ms. Sue Castleman, BCMW Executive Director

909 E Rexford - PO Box 729

Centralia, Illinois 62801

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**Office use only:**

Follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date