



Parental Complaint Form

Please return this document to the Comanche Nation Child Care Program via mail, email childcare@comanchenation.com or by fax 580-699-3992. If you have any questions regarding this document contact our office at 580-699-6991.

Comanche Nation Child Care Program strives to provide quality services to our tribal families. We value input and participation from our community. However, if you find dissatisfaction with our services it is the right of any person(s) involved in the welfare of the children in our program to submit a confidential complaint.

- ✚ The complaints are reviewed by the Complaint Liaison/Investigator and forwarded to the program director within 2 business days of receipt. All complaints are investigated immediately and completed by the end of the 10th business day (within reason).
- ✚ Investigations include but are not limited to observations and interviews with staff, parents & other witnesses. An investigation could also result in a monitoring visit with the care provider if deemed necessary.
- ✚ All complaints are kept **confidential**. They are retained in a secure filing cabinet and are made available upon written request (no personal information is released). All complaints are logged using an Excel spreadsheet and updated by the Complaint Liaison/Investigator listing dates, times, results, reports & findings.

Incident Information

Today's Date: _____

Complainant Name: _____

Email Address: _____

Location of Incident: _____

Date of Incident: _____

Time of Incident: _____

Description of Incident: _____

Comanche Nation Child Care Program

Do you wish to be contacted with the results/findings of any investigation? (circle) YES NO

I affirm that the information regarding this incident is accurate and true to the best of my knowledge. I understand that the information on this document is subject to screening in accordance with CCDF/CNCCP Program Rules.

Complainant Signature

Date

For Program Use Only:

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

Director: _____ Date: _____

Results/Findings: _____

Lined area for Results/Findings with 17 horizontal lines.