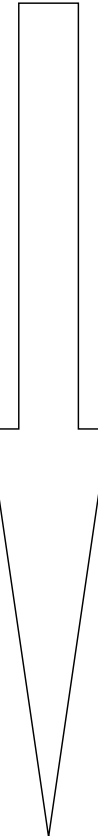



Program Design and Management – Program Governance

Task: Filing a Complaint

| Task | Person Responsible | Time Frame |
|---|--|--|
| <p>1. Determine, by asking person with complaint, if the complaint is of a confidential nature. ** If Confidential, Direct complainant to FSM</p> <p>2. Ask complainant if they would like to file a formal complaint or a verbal complaint.</p> <ul style="list-style-type: none"> • If verbal; refer complainant to FSM. • If formal, complete a Highland Rim Head Start "COMMENT AND COMPLAINT FORM" by accessing the website. | <p>staff member receiving complaint</p> | <p>Upon receipt of complaint</p> |
| <p>3. Complete the "COMMENT AND COMPLAINT FORM" by:</p> <ul style="list-style-type: none"> • Enter the date of complaint • Enter your name (if documenting for the Complainant) • Enter the name of the person making complaint • Enter the complainant's address, home and work phone numbers. • Ask complainant if we can use their name and check the appropriate response. • Enter any comments regarding the use of their name. • Enter the name of the person complaint is against, along with their address and home/work phone numbers. • Enter a description of the complaint (Include as much detail as possible). • Does complaint involve allegations of child abuse/neglect or a serious licensing violation? Y/N? • If Yes, has a report been made to DHS or the Licensing agency? Y/N? • Sign and date the complaint form. |  |  |
| <p>4. Place completed form in a sealed envelope marked "confidential" and forward to FSM.</p> <p>**This should be forwarded to the FSM in a priority manner</p> | <p>staff member receiving complaint</p> | <p>immediately</p> |

| | | |
|--|--|--|
| <p>5. Contact FSM via phone and email to inform there is a complaint on the way to the Family Services Manager.</p> <p>6. Conduct a thorough review of complaint by:</p> <ul style="list-style-type: none"> • Speaking with the complainant via telephone or face to face meeting. • Speaking with any other person involved • Compiling any available facts or evidence | <p>staff member receiving complaint</p> <p>FSM</p> | <p>immediately</p> <p>Upon receipt of complaint</p> |
| <p>7. Complete the “Comment and Complaint Follow-up Form” in writing by:</p> <ol style="list-style-type: none"> a. Clearly stating if FSM denies the validity of complaint, or; b. Stating that a plan for corrective action has been designed and will be fully implemented in a prompt manner. c. Stating that the FSM has been unable to resolve the complaint. | <p>FSM</p> | <p>Within five (5) working days after the written complaint is received</p> |
| <p>8. Document and Forward information received to Director.</p> | <p>FSM</p> | <p>Immediately</p> |