

**COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START
NON-DISCRIMINATION GRIEVANCE FORM**

Parent Name: _____

Nature of Grievance:

Parties involved and their roles:

Your recommendation for resolving the grievance:

Steps taken to date to resolve this issue:

I understand that disclosure of my identity and pertinent details of my concerns will not be considered confidential and may be shared with appropriate parties for the purpose of responding to and resolving the complaint.

Parent Signature

Date

College of Southern Idaho Head Start/Early Head Start does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.