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.