

**Lower Columbia College Head Start/EHS/ECEAP
Parent/Community Written Concern/Feedback Form**

Name: _____

Site: _____

Phone #: _____

Date: _____

Email: _____

Description of Concern/Feedback:

(Please include date of incident, people involved and/or site concern).

Possible Solutions to the Problem:

Signature: _____

Staff Member	Date Received	Signature
Area Manager		
Director / Assistant Director		
Meeting Date:		
Response Mailed: (Attached)		

(C: 09/01; R: 10/23)