

**Community/Parent Grievance Policy & Procedure,  
Zaasijiwan Head Start 0 to 5**

**Policy**

It is the policy of Zaasijiwan Head Start 0 to 5 Program to accept complaints from the community or parent as it pertains to the Zaasijiwan Head Start 0 to 5 Program.

**Procedures**

These are the proper steps to file a community/parent complaint or concern.

- STEP 1 Parent or Community member should discuss their complaint or concern with:
- a. child related concern, the Teacher
  - b. program related concern, the Program Director
- STEP 2 The parent or community member should write a letter to the Program Director explaining their concern, within ten days.
- STEP 3 The Director will investigate and consult with other members of the Management Team. A written response to the parent or community member will be given within ten days.
- STEP 4 If the complainant is not satisfied with Director's action, the Director will consult with the Policy Council. Policy Council will formally hear the concern or complaint at the next scheduled Policy Council meeting. Policy Council will discuss the matter in closed session and make a recommendation. An answer will be given in writing, within ten days of the scheduled meeting.
- STEP 6 If not satisfied with the Policy Council's decision, the complaint will be brought to the Tribal Council for final resolution. The Tribal Council will hear the complaint or concern. The Tribal Council has the final decision.

If the complaint or concern is answered at any given step, no further action is necessary.

**Community/Parent Grievance Resolution Form**  
**Zaasijiwan Head Start 0 to 5**

	Date Received	Date Replied
Teacher / Staff	_____	_____
Program Manager	_____	_____
Program Director	_____	_____

Complaint Initiated by: \_\_\_\_\_

1. What is the nature of your complaint (concern, dispute, issue, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On what date, or over what period of time, did the alleged episode occur?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you taken any previous action regarding this matter? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What suggestions do you have to resolve the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Community/Parent Grievance Remedy Form**  
**Zaasijwan Head Start 0 to 5**

Name of persons completing this form:

\_\_\_\_\_  
Director

\_\_\_\_\_  
Staff Person

\_\_\_\_\_  
Complainant

Date of meeting: \_\_\_\_\_

On lines below, list the remedies agreed upon during this meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Person

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Internal Dispute Resolution Procedure**  
**Zaasijiwan Head Start 0 to 5**

**Procedure**

Disputes (complaints, concerns, issues, etc.) regarding the professional activity of ZHS employees may be registered with the employee's immediate supervisor. In the event that the matter is not satisfactorily resolved, the complainant should follow the community grievance procedure.

The Director and Policy Council will assure that this chain of grievance is followed.

No grievance will be heard by the Director or Policy Council, and no charges against the employees will be investigated or acted upon by the Policy Council unless the procedure is followed.

**Internal Dispute Remedy Form**  
**Zaasijwan Head Start 0 to 5**

Name of persons completing this form:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Staff Person

\_\_\_\_\_  
Complainant

Date of meeting: \_\_\_\_\_

On lines below, list the remedies agreed upon during this meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Person

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Internal Dispute Resolution Form**  
**Zaasijwan Head Start 0 to 5**

	Date Received	Date Replied
Teacher / Staff	_____	_____
Program Manager	_____	_____
Program Director	_____	_____

Complaint Initiated by: \_\_\_\_\_

1. What is the nature of your dispute (concern, complaint, issue, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. On what date, or over what period of time, did the alleged episode occur?

\_\_\_\_\_

\_\_\_\_\_

3. Have you taken any previous action regarding this matter? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

4. What suggestions do you have to resolve the problem?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_