



SOUTHERN KENNEBEC CHILD DEVELOPMENT CORPORATION

337 Maine Avenue, Farmingdale, ME 04344 ♦ Tel: (207) 582-3110 ♦ Fax: (207) 582-3112 ♦ TF: (800) 525-2229 ♦ www.skcdc.org

**Southern Kennebec Child Development Corporation
337 Maine Avenue
Farmingdale, Me. 04344
(207) 582-3110**

COMMUNITY COMPLAINT PROCEDURE

The purpose of this procedure is to secure, as easily and as quickly as possible, equitable solutions to the problems that may arise between our program and the community.

1. If a member or members of any of the communities served by Southern Kennebec Child Development Corporation's Head Start/Early Head Start or Child Care Programs has a complaint against any practice or person(s) in the programs, they shall contact the Center /Home Based Supervisor in an attempt to resolve the issue on an informal basis. The Supervisor shall make his/her supervisor aware of the complaint with subsequent notification to occur within the supervisory structure within 24 hours.
2. If the aggrieved community member is not satisfied with the results of the contact with the Center/Home Based Supervisor, they shall contact the Program/Family Community Services Manager in another attempt to resolve the issue on an informal basis.
3. If the aggrieved community member is not satisfied with the results of the contact with the Program/Family Community Services Manager, they shall contact the Agency Director in another attempt to resolve the issue on an informal basis.
4. If the aggrieved community member is not satisfied with the results of the contact with the Executive Director, he/she may appeal, in writing, within five (5) working days to the chairpersons, or his or her designees, of the SKCDC Board of Directors and the SKCDC Policy Council, to the above address.
5. The Chairs, or his or her designees, shall each appoint a member of their respective groups to an Ad Hoc Grievance Committee. They shall then agree upon a third member to act as Chairperson of the Ad Hoc Committee. This shall be done within five (5) working days of receipt of the written complaint.
6. The Ad Hoc Committee shall conduct a hearing within ten (10) days of its formation. The aggrieved community member shall be invited to attend said hearing, and shall be allowed to have representation of his/her own choice, at his/her own expense, to advise him/her if he/she so chooses.
7. The Ad Hoc Committee shall submit its written findings and recommendations to the Chairpersons, or his or her designees, of the Board of Directors and the Policy Council within five (5) working days of the hearing.

The SKCDC Policy Council and Board of Directors shall review the findings and recommendations of the Ad Hoc Committee at their next scheduled meetings. They shall then render a decision and reasons in writing, within five (5) working days. Copies shall be distributed to the aggrieved community member, Policy Council, Board of Directors and the Agency Director.

The decision of the Policy Council and Board of Directors shall be final.

Head Start ♦ Early Head Start ♦ Child Care ♦ Child and Adult Care Food Program
Child Care Options / Resource Development Center



A United Way Member Agency

An Equal Opportunity/Affirmative Action



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COMPLAINT INTAKE FORM

Date complaint received: _____	Received by: _____
Name of Person Making Complaint: _____	
Address: _____ _____	
Phone: <i>(home)</i> _____ <i>(office)</i> _____	
Permission to use this name: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conditions:	

Is complaint being made against: Employee Volunteer Other

Nature of Complaint: *(Describe with specifics, i.e. date, time of incident/s)*

Has Agency Director been notified: Yes No

Serious: Yes No

If complaint is related to child care, has a report been made to D.H.H.S. Child Protective Service? Yes No

If yes, By Whom: _____ Date: _____

Has the report been made to D.H.H.S. Licensing? Yes No

If yes, By Whom: _____ Date: _____

Center/Home Based Supervisor – describe follow-up

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Signature

Complaint resolved? Yes No Date

Forwarded to Program/Family Community Services Manager Yes No Date

Program Manager/Family Community Services Manager – describe follow-up

Signature

Complaint resolved? Yes No Date

Forwarded to Agency Director Yes No Date

Agency Director – describe follow-up

Signature

Complaint resolved? Yes No Date

Written complaint received by Board/Policy Council Chairs Yes No Date

Ad Hoc Committee – describe follow-up

Signature

Resolution Date

Signature

Board/PC Chairs Notified Date

Board/Policy Council Notified Date Date

Signature –Agency Director

Date

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