

**Doña Ana County Head Start / Early Head Start**  
**CONFIDENTIAL**  
**COMMENT AND COMPLAINT FORM**  
**Please send in envelope to Administration Office**

Staff Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person making the complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Can we use their name?  Yes  No Conditions: \_\_\_\_\_

Person complaint is against: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Description of complaint (Include names of persons involved and record events, dates and locations, statements made and other facts and observations reported by the person making the complaint):

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Does the complaint involve allegations of child abuse/neglect or a serious licensing violation?  
 Yes  No

If yes, has a report been made to:

State Office for Services to Children and Families?  Yes  No

The licensing agency?  Yes  No

Signature of Person making report: \_\_\_\_\_ Date: \_\_\_\_\_

