Kawerak, Inc.

Head Start/ Early Head Start/ Child Care Partnership

Comments, Concerns, Compliments, or Suggestions Form

Contact Information:

First Name: _____ Last Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Type of communication you'd like to share with us:

☐ Comment ☐ Concern ☐ Compliment ☐ Suggestion

Detailed Description:

_____
_____
_____
_____
_____
_____
_____

Date and Time of Occurrence: _____ Signature: _____

Submit form to: Head Start Mangers @ headstartmanagers@kawerak.org

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For Office Use Only:

Follow up Actions:

_____
_____
_____

Follow Up with Reporting Person:

_____

Manager Name: _____ Signature: _____

Date: _____