Heppner Day Care Complaint Form

Your Name: to follow up)	(optional, not including your name will m	ake it difficult
Your Phone Number:	_	
Relationship to facility (please circle)		
Staff Parent Family Member	Public Entity Anonymous	
Date of incident/observation:	_	
Name of person(s) involved:		
Names of any witnesses: disclosed during the investigation or to emp		es will not be
Complaint Type (please circle all that apply)		
*immediate danger *child abuse/neglect	*health/safety/supervision *Ratio	
*quality/provider practices *unsure		
Details of Concerns (please give as many de		
Is this the first time with this situation or a f	follow up complaint?	

Please return this form to director; Barbra Keslar or Board Chair; Petra Payne. You may also submit it to heppnerdaycareboard@gmail.com