

Nooksack Indian Tribe After School/Summer Program Complaint/Concern Form

**The safety and wellbeing of all After School/Summer Youth Program
Participants is of utmost importance.**

The staff do their best to protect your child from bullying, ensuring safety so that they feel safe, comfortable and find joy to want to come back to their program. However, there may be instances when your child expresses fear, gets hurt, bullied, or feels uncomfortable because of other participants or staff. If that is the case, please make program aware of the issue. Complete this form and return back to Dean Ollinger, Youth program staff immediately.

Guidelines and Procedures for Complaints/Concerns

Directions for completing the completing the complaint/ concern form

1. Section 1- Leave this section blank. This section will be completed by youth office staff.
2. Section 2- Leave this section blank. This section will be completed by youth office staff.
3. Section 3- Leave this section blank. This section will be completed by youth office staff.
4. Section 4- Print your Last Name and First Name and Middle. Initial if any.
5. Section 5- Print your mailing address. Be sure to include the city, state and zip code.
6. Section 6- Print your home and or cell phone number.
7. Section 7- Print your work number or alternate number if any.
8. Section 8- Print the location of the incident, or any information your child gives you.
9. Section 9- Print the date of when the incident occurred.
10. Section 10- Print the names of witnesses and contact information. Include any program staff that your child named.
11. Section 11- Describe the incident.
12. Include additional pages if needed. If this document will include a total of 3 pages, then list, "1 of 3".
13. Sign and date the form. **Submit the original form to the Youth Office.**

Complaint/Concern Form

To be used by parents, families Students and commuinty members.

Nooksack Indian Tribe After School/Summer Youth Program

P.O. Box 157 Deming, WA 98244

Timber Ridge Property

5604 Mission Rd. Bellingham, WA 98226

(360) 966-9606 or Fax (360) 966-2944

1. Date and Time	2. Received by: <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Other <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail	3. Forwarded to:
4. Complainant's Name- Last, First, Middle		
5. Complainant's Mailing address- PO/Street, City, State, Zip Code		
6. Home/Cell Number	7. Work Number or Alt Number	
8. Location of Incident	9. Date Incident Occurred	
10. Names, Phone numbers, or contact information of other people during the incident. (If known) Please include staff members your child named.		
11. Describe the Incident:		

12. Attach additional pages if necessary page ___ of ___ pages

13. Complainant's Certification;

I hereby certify that, to the best of my knowledge these statements are true and correct.

Signature: _____

Date: _____