



Parent/Guardian Grievance Form

Any parent who wishes to file a grievance must fill out this form completely and turn it into the Director. All grievances will be processed in accordance with Love N Cherish Academy's Board Policy.

Name: _____ Date: _____

Home Mailing address: _____

Phone: _____ Email: _____

Child's/children's name (if applicable): _____

Date/Time of event leading to grievance: _____

Please state policies, procedures, or guidelines that you feel have been violated:

Please state your specific grievance including the harm alleged (if any):

Please state the specific facts of which you are aware to support your grievance.

Proposed solution to grievance: _____

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are a filing a grievance, and any information on this form is truthful.

Grievant Signature: _____ Date: _____

Received by: _____ Date Received: _____

FOR OFFICE USE ONLY

No further action needed Meeting scheduled Other: _____

Meeting Date/Time: _____ Place: _____

Meeting invitations sent to: _____

LNCFC Board of Directors LNCFC CEO LNCA Director of Curriculum and Programs

LNCA Director of Human Resources and Accounting

Additional Invitees: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Invitations sent via: Email Phone Mailed letter Other: _____

Invitations sent by (LNCFC Personnel): _____ Date sent: _____

