



Love N Cherish Academy
Parent/Guardian Grievance Form

Any parent who wishes to file a grievance must fill out this form completely and return to Love N Cherish Academy. All grievances will be processed in accordance with Love N Cherish Academy Policy. Grievances can be submitted via:

IN PERSON/MAIL
2199 Mt. Holly Road
Rock Hill, SC 29730

FAX
803-327-3762

EMAIL
academy@lovencherish.org

Name: _____ Date: _____

Home Mailing address: _____

Phone: _____ Email: _____

Was a child involved? [] Yes [] No If yes, give name(s): _____

Date/Time of event leading to grievance: _____

Please state policies, procedures, or guidelines that you feel has 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: _____

Your signature below indicates that you are a filing a formal grievance and any information on this form is truthful to best of your knowledge. You further acknowledge that Love N Cherish Academy will perform an internal investigation of the grievance and report its findings to you. Love N Cherish Academy reserves the right to communicate this grievance to the SC DSS Childcare Licensing and any other regulatory agency.

Grievant Printed Name: _____ Date: _____

Grievant Signature: _____

The grievant should retain a copy of this form for their records

FOR OFFICE USE ONLY

Received by: _____

Date Received: _____

Copy of Grievance to:

- Erica Roseborough, Director
Alfreda Roseborough, Office Manager
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[]
[]
[]