



Rosebud Sioux Tribe Child Care Program
Day Care Program
Sicangu Oyate Cikala Waunspe Oti
PO Box 130
Rosebud, South Dakota 57570
Phone: 605-747-5264 Fax: 605-747-5856
www.rstchildcare.com



Parent / Provider Concern Form

Email Phone Walk-In Anonymous Other

Provider Parent Staff Other Organization

Name of Person making the complaint: _____

Parent / Provider Name: _____

Today's Date: ___/___/___ Date of Incident: ___/___/___

Please briefly describe your concern or need: _____

(Please continue on an additional page or back of the page).

Please briefly describe the outcome or resolution you are seeking: _____

(Please continue on an additional page or back of the page).

****Prior Communication: (Check all that apply)**

Have I consulted with the relevant personnel regarding this situation.

Have I yet to consult with the appropriate personnel regarding this situation.

****I request the following: (Please check all that apply)**

a conference call with the appropriate, ___ personnel or ___ administrator.

a phone call from the appropriate, ___ personnel or ___ administrator.

Date Received ___/___/___ Follow-up Date ___/___/___ Staff Initials: _____