



MOAPA BAND OF PAUTES
TRIBAL CHILD CARE

ADDRESS: 700 N. RAINBOW BLVD.
 LAS VEGAS NV 89107
 PHONE: (702) 333-6565
 EMAIL: info@mboptribalchildcare.org

Parent Complaint Form

The Tribal Child Care takes all complaints seriously and will work to resolve all matters of issues and concerns expeditiously. We strive to provide quality and professional care and understand that at times, our families may become dissatisfied with our level of performance. If a complaint is warranted because they are concerned about the care of their child or incidents that took place in the center, the **TCC Director is to provide the parent/guardian a formal complaint form.** This form can be returned to the TCC Director or to your assigned TCC case manager. Our teachers are not permitted to address your complaints or concerns.

MBOP Tribal ChildCare also asks that to reach out to our upper management to address your questions, concerns, or recommendations. We ask that you schedule an appointment with our upper management team to give their undivided attention to address your concerns and resolve disputes. You may also drop off your complaint in person at (1) of our (3) locations: The Tribal ChildCare Center, The Tribal ChildCare Office Module, or our Las Vegas Office at 700 N. Rainbow BLVD. Las Vegas, NV 89017.

Report to the following MBOP Tribal ChildCare Staff by telephone or email: (chain of command)

Name	Title	Contact Number	Email
Ashly M. Osborne	TCC Project Director	(702) 371-9087	aosborne@mbopchildtribalcare.org
Loretta Seweinyawma	Assistant Director	(702) 533-2871	lseweinyawma@mboptribalchildcare.org
Maricia Calabaza	Health & Safety	(702) 533-6837	mcalabaza@mboptribalchildcare.org
Tammie Rodriquez	Lead Case Manager	(702) 803-0238	trodriguez@mboptribalchildcare.org

***If you contact us after office hours, messages will be returned the following day during office hours**

Parent Name: _____

Phone: _____

Child's Name: _____

Age: _____

Date Of Incident: _____



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Please provide the name of each employee involved in your complaint, if applicable:

Please briefly explain the nature of your complaint:

Please specify briefly the description of any prior attempt to discuss the complaint with the director of the Tribal Child Care Center and the failure to resolve the matter:

Please give a brief description of how you would like this specific complaint to be resolved:

Parent/Guardian Signature

Date





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If you have a complaint, issue or concern that you feel has not received prompt attention, you have the right to request a complaint form from the Tribal Child Care Center Director. Once completed and submitted, Child Care Development Fund (CCDF) Project Director, Ashly Osborne will contact you. Ashly can be reached at (702)333-6565.



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Staff/Witness Account of Parent Complaint

The Tribal Child Care (CCDF) Management Team will investigate all parent complaints without bias. We ask that you objectively record your account of events and list any witnesses who can substantiate your claim (all witnesses will be required to complete a "Staff/Witness Account of Parent Complaint Form).

Name: _____ Date: _____

Staff/Witness involved: _____

Date of Complaint: _____ Parent Name: _____

Child's Name: _____ Child's Age: _____

Please give a description of your encounter of the complaint in question (who, what, when, where, why, how): _____

Please attach to this form any documentation you would like to add that supports your account of events.

Staff Signature

Date



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