



**Early Learning Coalition of Indian River, Martin & Okeechobee Counties, Inc.**

**Grievance Form**

**Refer to ELCIRMO Grievance Procedure for qualifying purpose, before completing this form.**

Please state your grievance issue on this form and attach any supporting documentation. Be sure to submit your signed form to the local ELC office. Issues will be reviewed within five (5) business days of receipt. Decisions will be forwarded in writing.

Print Parent Name/Child Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Grievance Issue (Type or print legibly) Attach a separate sheet if additional space is needed.

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Parent / Child Care Provider Signature or designee \_\_\_\_\_

Date \_\_\_\_\_

**GRIEVANCE PROCESS DECISION**

ELCIRMO USE ONLY:

Reinstatement. Effective Date: \_\_\_\_\_  Termination Remains.

Can Apply to Waitlist if eligible.  Waitlist application included.  Not Waitlist eligible at this time.

Other: \_\_\_\_\_

Copies sent to Client/ Provider Date: \_\_\_\_\_

Scanned to Client / Provider File Date: \_\_\_\_\_

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308 NW 5<sup>th</sup> Street  
Okeechobee, Florida 34972  
Tel: 863-357-1133 Fax: 863-357-2232