HEAVENLY CHRISTIAN ACADEMY

Parent Survey, Suggestions & Complaint Form

Your feedback helps HCA strengthen our program, family partnerships, communication, and care.
Use this form for a general survey, compliment, suggestion, concern, or formal complaint.

1. TYPE OF FEEDBACK

☐ Parent Survey ☐ Compliment / Positive Feedback ☐ Suggestion

☐ Concern ☐ Formal Complaint ☐ Other

2. FAMILY INFORMATION (OPTIONAL)

Parent/Guardian Name: _____ ☐ I prefer to remain anonymous

Child's Name: _____ **Classroom / Teacher:** _____

Phone: _____ **Email:** _____

3. PARENT EXPERIENCE SURVEY

Please rate each area from 1 (Needs Improvement) to 5 (Excellent).

	1	2	3	4	5	N/A
Warm, welcoming environment	☐	☐	☐	☐	☐	☐
Teacher communication	☐	☐	☐	☐	☐	☐
Child safety and supervision	☐	☐	☐	☐	☐	☐
Classroom cleanliness / organization	☐	☐	☐	☐	☐	☐
Curriculum and learning activities	☐	☐	☐	☐	☐	☐
Respect for children and families	☐	☐	☐	☐	☐	☐
Responsiveness to parent concerns	☐	☐	☐	☐	☐	☐

Overall, how likely are you to recommend HCA to another family?

☐ Very Unlikely ☐ Unlikely ☐ Neutral ☐ Likely ☐ Very Likely

4. QUICK COMMENTS

What is HCA doing well?

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Comments, Suggestions & Complaint Details

5. COMMENTS OR SUGGESTIONS

What would you like HCA to improve, add, change, or consider?

6. CONCERN / COMPLAINT DETAILS

Complete this section if you are reporting a concern or filing a formal complaint.

Date of incident: **Approx. time:** **Location:**

Person(s) / classroom involved (if known):

Please describe what happened. Include facts, dates, and relevant details:

Have you already discussed this concern with an HCA staff member or administrator?

☐ Yes ☐ No **If yes, with whom?**

What steps, if any, have already been taken?

What outcome or resolution would you like HCA to consider?

7. FOLLOW-UP PREFERENCE

☐ I would like HCA to contact me about this feedback. ☐ No follow-up is requested.

☐ Phone ☐ Email ☐ Private meeting