

If complaint is signed by a legal representative of the individual:

Printed name of legal representative:

Representative's authority to act for the individual:

If the complaint is signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposed of filing this complain. Please enclose any documents that support this authority (power of attorney, Court Order, etc). As this person's representative, can you be contacted at the address, email or phone number listed above? If not, please provide us with your mailing address, email address and phone number as well.

This from should be delivered in person, by US mail or by facsimile to the following:

ATTN:

Josephine Wong, Human Resources Director
Imagine Early Learning Centers
250 Bedford Park Boulevard West
Bronx, NY 10468

FOR Imagine Early Learning Centers USE ONLY

Name of person processing complaint:

Action Taken: _____

Signature: _____ Date: _____