

Voicing Your Concerns: A Protocol for Voicing Your Concerns Within the Florida 4-H Program

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Florida 4-H Positive Youth Development Program

Concern Protocol

Volunteers or parents sometimes wish to address concerns and develop solutions related to individuals, programs, and policies. When you have a concern or concern, the first step is to call your 4-H agent. Many concerns can be addressed with a quick phone call. When that is not possible, a more formal protocol is necessary. This protocol is to assist people that would like to have their voices heard on the process for voicing those concerns, and the person in which the final authority rests in resolving a concern. Final decisions regarding the 4-H program in a county are the responsibility of the 4-H Agent with support from the County Director. Final decisions regarding the 4-H program at the state level are the responsibility of the Associate 4-H Program Leader.

Initiating a Concern:

The first step is to call your 4-H agent and voice your concerns. Often, this phone call can resolve a concern quickly. If you still have concerns, complete the concern form to document any potential violations of the 4-H code of conduct, or potential violations of Florida 4-H or county policies, or potential violations of positive youth development best practices. Be sure to fill the concern form out completely. Incomplete forms can delay addressing the issue. Submit the form to your local 4-H agent. The 4-H agent will review the completed concern form and acknowledge receipt. Within 30 days, the appropriate person will make recommendations on the resolution of the concern using

the appropriate guiding documents included but not limited to:

- Florida 4-H Code of Conduct (add link)
- Florida 4-H Positive Youth Development Policies and Best Practices
- Essential Elements of Positive Youth Development
- County 4-H Positive Youth Development Policies
- 4-H Club, County or District Council Constitution and By-Laws



Appendix: Concern Form

SECTION I: Person Filing Report Form

Name: _____

Date: _____

Email or Address: _____

Phone Number: (_____) _____

County: _____

SECTION II: Information Regarding Incident or Issue

If Incident Related (concern is related to an event or person):

Date/Time of Incident: _____

Location: _____

Name of 4-H Activity or Person: _____

Adult 4-H Event Coordinator/Supervisor: _____

Individuals involved in incident. (For each, circle Member/Volunteer or Other Person)

_____	Member	Volunteer	Other
_____	Member	Volunteer	Other
_____	Member	Volunteer	Other
_____	Member	Volunteer	Other

If the concern is related to a 4-H policy or event rule:

Please copy the policy in question, and include a url if on the website:

Is this event (circle one): County policy State Policy

SECTION III: Narrative

Please explain in detail what happened/ your concern in the space below. Use additional paper if necessary.

I certify that the information contained on this 4-H Concern Form is true to the best of my knowledge.

Name

Signature

Date

An Equal Opportunity Institution.