Detroit Continuum of Care Client Complaint/Grievance Form

*I"If you have a complaint/grievance that you would like to file regarding the Detroit Continuum of Care and/or a specific provider, please submit it via SmartSheet* [*here*](https://app.smartsheet.com/b/form/1b27303837e046568dd61363ec012200) *or complete the following form." The complaint/grievance will be investigated, and a response will be provided within 20 business days of the committee’s decision*. **Please Note: If this grievance is against a shelter, the shelter funder will be contacted to complete the investigation.** *This form is two-sided.* ***Please fill out both pages.***

1. Name of Person Making Complaint: DOB:
2. HMIS Number (If available):

*Please use the space below to provide information about your complaint.*

1. Please list BOTH the agency name ***and*** the specific program your grievance is against. If you do not know the program name, but know the program type (e.g. Permanent Housing, Shelter, etc.), please list that.

Agency: Program:

1. Date of Complaint: Date of event(s):
2. Have you filed a grievance directly with the agency already? (circle one): YES NO

*Note: If you have not taken action with the agency, please do so before pursuing this process at the CoC Level (unless you fear retaliation). A link to the grievance policy can be found* [*here*](http://www.handetroit.org/documents) *or on HAND’s website (handetroit.org).*

1. What was the outcome of the action you’ve taken directly with the agency?
2. What action do you feel the agency should have taken?
3. **Statement of Complaint** – Please provide details of the situation and complaint including any of the specific dates of occurrence as well as the agencies, programs and/or staff involved. (If more space is needed, please attach another sheet of paper.)
4. **Desired Resolution/Response –** What would you like to happen as a result of your complaint?
5. Do you have a case manager or another support person that you would like us to contact? (circle one): YES NO If yes, name and phone number:
6. Where are you staying currently? Are you still in the program your grievance is against?

*Please provide your contact information so that we can follow up with you – in case we have additional questions and to inform you of the final determination.*

* 1. Primary Phone Number (if available):
  2. Secondary Phone Number (if available):
  3. Email Address (if available):
  4. Address (if available):

1. What is the best method to contact you? (circle): Phone Call Text Email Other:
2. May we share this grievance form with the agency your complaint is against? (circle): YES NO

***Signature of Person Making Complaint:*** Date:

This form can be submitted to the Detroit CoC Coordinator. Submissions may be sent through the following channels:

* 1. Email to: [coc\_coordinator@handetroit.org](mailto:coc_coordinator@handetroit.org)
  2. Mail to : 7650 Second Avenue, Suite 225, Detroit, MI 48202

**Important Note:** If the complaint is against the CoC Lead Agency, HAND. Please submit the grievance to the CoC Board Chair at [CoCdetroit@gmail.com](mailto:CoCdetroit@gmail.com)