

Detroit CoC Agency Grievance Procedure

Policy: All agencies participating in the CoC have the right to file a complaint or grievance if the agency has a complaint about the provision of services, housing, or the operations of the coordinated entry system.

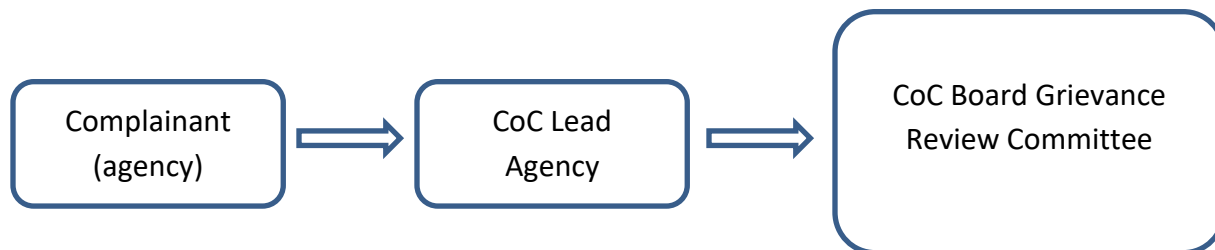
Procedure: The Detroit CoC maintains an agency grievance procedure to ensure that agency's complaints are dealt with promptly and in an unbiased manner. Agencies should consider utilizing this grievance procedure for the following types of complaints:

- Against another agency
- Against a process within the CoC
- Against the CoC Lead Agency (Grievances against the CoC Lead Agency will be submitted to the CoC Board Executive Committee)

NOTE: Complaints related to the CoC funding application or CoC funding awards are handled through a separate grievance processes. This form should not be used for this type of complaint.

Example of Agency Grievance: Agency feels clients are not receiving adequate services from another agency or are not being served well by CAM.

Informal Grievance Procedure: If an agency in the CoC has a complaint about a decision or action concerning their agency, the agency should first bring the matter to the attention of the person or agency against which they are filing the grievance as a verbal or informal grievance procedure. It is intended that discussion between the parties shall resolve the issue. If the agency is not satisfied with the result of the informal grievance procedure, a formal grievance procedure, as outlined below, should be initiated:



1. Agency completes grievance form and submits to the CoC Lead Agency.
2. The CoC Lead Agency will review the complaint and substantiate the claims. This process will include gathering all pertinent information and supporting documentation from both parties to substantiate or disprove the allegation.
3. The CoC Lead Agency will confer with the CoC Board Grievance Review Committee as necessary to resolve the complaint. A written response to the grievance will be sent to both parties involved within (20) days of review.
4. If either party involved is not satisfied with the result of the grievance review, they will be given the opportunity to file an appeal. The CoC Grievance Review Committee will provide a written response to the appeal within twenty (20) business days.
5. The decision of the Committee acting on behalf of the CoC Board will be final. If the grievance was initiated by or against the CoC Lead Agency, the CoC Board will make the final decision.

Anti-Retaliation Policy

The Detroit CoC provides agencies and clients who wish to file a grievance the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to; harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

The Detroit CoC will take immediate steps to stop retaliation and prevent its recurrence. These steps will include, but are not limited to:

- Technical Assistance
- Complying with a Corrective Action Plan (CAP)
- Written report of grievance and retaliation to program funder(s)
- Discontinuing CoC Funding (**Decision made at the discretion of the CoC Board**)

The CoC Lead Agency will request supporting documentation from the alleged victim of retaliation to substantiate all claims. Supporting documentation may include: police reports, emails, and eye-witness statements.

Detroit Continuum of Care Complaint/Grievance Form

Instructions:

If you have a complaint/grievance that you would like to file regarding the Detroit Continuum of Care and/or specific provider please complete the following form. The complaint/grievance will be investigated and a response will be provided within 20 days of committee's decision.

1. Name of Person Making Complaint: _____ Date of event(s): _____

2. Does your complaint involve a specific provider? If so, please list the agency name.

3. **Statement of Complaint** – Please provide details of the situation and complaint including any of the specific dates of appointment or conversations and agencies, programs and/or staff involved. (If more space is needed, continue to the back of the form or attach another document.)

4. May we contact you for further information? YES NO

5. If yes, please provide contact information:
- a. Primary Phone Number (if available)
 - b. Email Address (if available)
 - c. Address (if available)
 - d. Secondary Phone Number

6. What is the best method to contact you? Phone Call Text Email

7. Signature of Person Making Complaint: _____ Date: _____

8. This form can be submitted to Amelia Allen, CoC Coordinator

- a. Email to: amelia@handetroit.org
- b. Fax to: (313)221-8383
- c. Mail to : 3701 Miracles Blvd. Suite 101 Detroit, MI, 48201

9. If the complaint is against the CoC Lead Agency, HAND. Please submit the grievance to the CoC Board Chair, Curtis Smith at csmith@centralcityhealth.com