

Detroit CoC Consumer Grievance Procedure

Policy: All households served by the Detroit CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the Coordinated Entry System (CAM) or by any program or agency within the Detroit CoC.

Procedure: The Detroit homeless system has a client grievance procedure to ensure that clients' complaints are dealt with quickly and fairly. Clients are given a copy of the grievance procedure and a Client Grievance Form when the grievance is identified. Staff at CoC-funded agencies as well as CAM staff, when needed, should explain clients' rights to them and how the grievance procedure works, including that a staff member will help them complete the form and file the grievance if asked.

Informal Grievance Procedure: Client discusses grievance with whomever grievance is against (ie. service provider agency) and works to resolve grievance informally between the parties involved. When the grievance is about CAM, the CAM Liaison for the agency should be involved in the conversation if possible. If the grievance is not resolved through this informal process, the client should file a formal grievance following the agency's grievance process. If the grievance is still not resolved through the agency's formal process, the client should submit a formal grievance to the CoC Lead Agency (HAND) following the process outlined below.



1. Client completes grievance form and submits to CoC Lead Agency (the CAM Liaison at the agency serving the client is responsible for assisting client with the form if necessary).
2. CoC Lead Agency reviews grievance, attempts to substantiate the claims, and routes grievance to the review committee.
3. The committee then reviews grievance form and any additional information and works to resolve grievance with client. The entity will confer with the CAM Lead Agency, CoC Lead Agency, and other CoC partners as necessary.
4. Committee facilitator will then provide a written response to the grievance within twenty (20) business days of the review. Copies of the response will be forwarded to the CoC Lead Agency within ten (10) business.
5. If client is not satisfied with response to grievance, s/he will be invited to participate in a case conference with staff from CoC Lead Agency, Grievance Review Committee, and other CoC partners as necessary.
6. If client is not satisfied with results of the case conference, client can then file grievance with the appropriate funding body, following the grievance procedure of that body (ie. HUD, MDHHS, etc.).

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 the claims. Supporting documents 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