

Out-Wayne CoC Consumer Grievance Procedure

Policy: All households served by the Out-Wayne CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the Coordinated Entry System or by any program or agency within the Out-Wayne CoC. This policy also applies to CoC partners should they feel they've been treated unjustly by another CoC partner.

Procedure: The Out-Wayne 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 and Coordinated Entry staff should explain clients' rights to them and how the grievance procedure works and, upon request, complete the form and file the grievance on behalf of client.

Informal Grievance Procedure: Client discusses grievance with whomever grievance is against (i.e. service provider Agency) and works toward an informal resolution, following agency policy of those involved. When the grievance is about the Coordinated Entry System, the Coordinated Entry staff 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 (WMCAA) following the process outlined below.

The formal complaint process is as follows:



1. Client completes grievance form and submits to CoC Lead Agency (WMCAA).
2. CoC Lead Agency reviews grievance, attempts to substantiate the claims, and routes grievance to the Out-Wayne CoC Executive Board.
3. The Executive Board then reviews the grievance and any additional documentation and moves towards resolution of grievance. The Out-Wayne CoC Executive Board will confer with the Out-Wayne CoC Lead Agency and other CoC partners as necessary.
4. Out-Wayne CoC Executive Board will provide a written response to the grievance within twenty (20) business days of the review. Copies of the response will be forwarded to the Out-Wayne CoC Lead Agency (WMCAA) 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 Out-Wayne CoC Lead Agency (WMCAA), Out-Wayne CoC Executive Board, and other CoC partners as necessary.

6. If a 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 (i.e. HUD, MDHHS, etc.).

Anti-Retaliation Policy

The Out-Wayne 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 Out-Wayne 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 Out-Wayne CoC Lead Agency (WMCAA) will request supporting documentation to substantiate the claims. Supporting documents may include: police reports, emails, and eye-witness statements.

**Out-Wayne Continuum of
Care
Complaint/Grievance Form**

Instructions:

If you have a complaint/grievance that you would like to file regarding the Out-Wayne 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 business 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 should be submitted to **Laura Mann**, CoC Coordinator, at lmann@waynometro.org AND **Daija Butler**, Lead Agency representative, at dbutler@waynometro.org or mailed to 2121 Biddle Ave Wyandotte, MI 48192.
9. If the complaint is against the CoC Lead Agency, WMCAA, please submit the grievance to the CoC Board Vice Chair, Jill Blackson at jblackson@hegirahealth.org.