

Memphis/Shelby County Continuum of Care Grievance Form

Instructions:

Agencies should consider utilizing this grievance procedure for the following types of complaints:

- I. Against another agency's CoC-funded project
- II. Against a process within the CoC or against the CoC Lead Agency/HMIS Lead Agency

NOTE: Complaints related to the CoC funding application, CoC funding awards, or Coordinated Entry System are handled through separate grievance processes. This form should not be used for these types of complaints.

The complaint/grievance will be investigated, and a response will be provided within 60 days of receipt. Please refer to the Memphis & Shelby County Continuum of Care Grievance Policy & Procedures approved by the Governing Council on May 8, 2019 for more information.

1. Name of Person Making Complaint and Agency: _____

Date of event(s): _____

2. If your complaint is against another agency, 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. Have you filed and completed an internal grievance procedure? YES NO

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

6. If yes, please provide contact information:

a. Primary Phone Number: _____

b. Email Address: _____

Signature of Person Making Complaint: _____ Date: _____

Signature of Executive Director: _____ Date: _____

Please submit this form to the CoC Planning Director: Kellie Cole, kellie@cafth.org

NOTE: If the complaint is against the CoC/HMIS Lead Agency, please submit this form to the CoC Governing Council Chair: Kimberly Mitchell, Kimberly.Mitchell@memphistn.gov