PROJECT HOMELESS CONNECT
WASHINGTON COUNTY

Client Complaint / Grievance Procedure

The purpose of this policy is to ensure that clients experiencing any issues with Project Homeless Connect (PHC) can seek resolution in a fair, non-punitive manner without facing any negative consequences to their status within our program. As a valued client, former client, program participant, or authorized designate, you have the fundamental right to voice your concerns, lodge complaints, access advocacy, and offer suggestions or inquiries about the services provided. We are committed to creating an environment where all feedback is valued and taken seriously.

To initiate a complaint or express a grievance about any specific concern, including experiences of unjust, unethical, discriminatory, or illegal treatment, the following procedure is outlined to notify Project Homeless Connect:

HOW TO FILE A COMPLAINT/GRIEVANCE

STEP 1: **Project Homleess Connect Case Manager**
If you have a grievance, we encourage you to first discuss your concern with your designated case manager. They are here to listen, understand, and work towards resolving any issues you may have.

However, if after speaking with your case manager, you find that your grievance has not been addressed satisfactorily, we have a formal process in place to ensure your concerns are properly acknowledged and addressed. To initiate this process, please complete a Client Complaint/Grievance Form. This form allows you to provide a detailed account of your grievance, ensuring that all pertinent information is captured and properly reviewed.

Rest assured that filing a complaint or grievance will not negatively impact the services or support you receive from our organization. On the contrary, we view feedback as an opportunity to improve our services and ensure that all clients' needs are met with the highest level of care and attention.

STEP 2: Project Homeless Connect Program Manger
Upon completing the Client Complaint/Grievance Form, kindly submit it in writing to the Program Manager, who is responsible for overseeing the case manager. Once the Program Manager receives your grievance, they will diligently review the information provided on the form and develop a comprehensive plan to address your concerns. To ensure a fair and thorough assessment, the Program Manager will initiate contact with all relevant parties involved, including the case manager, yourself (the client), and any other person(s) related to the grievance.

The Program Manager commits to providing a prompt response to your grievance. Within 14 business days of receiving the form, they will communicate the outcome of the review. In some cases where obtaining necessary information may require additional time, you will be promptly notified, and a new response date will be provided. This new date will fall within a maximum of 30 days, allowing adequate time to provide you with a written response outlining the resolution and/or determination of the grievance.

Step 3: Project Homeless Connect Executive Director
Should you find yourself unsatisfied with the outcome of the previous review, we understand the importance of providing an opportunity for further discussion. In such cases, you have the option to submit a written appeal to the Executive Director.

Once your appeal is received, the Associate Director or the CEO will conduct a thorough review of the matter, ensuring a fair and unbiased assessment. You can expect to receive a written response within 14 business days, outlining the results of the additional review.

Step 4: Board of Directors

If, for any reason, you are dissatisfied with the results of the previous review, you have the right to request a further examination by the Board of Directors. The Board of Directors will undertake a comprehensive review of the entire grievance process, ensuring a fair and impartial evaluation.

Upon receipt of your request for review, the Board of Directors will diligently assess the matter, taking into account all relevant information. A written decision will be issued to you within 30 days from the date of the review request, outlining their conclusions and recommendations.

It is essential to note that the decision and recommendations of the Board of Directors will be final, as they hold the authority to make conclusive determinations in such cases.

For your records, you will receive a written copy of the grievance report, and copies will be retained in your file.

At our organization, we prioritize transparency and accountability, and we assure you that your concerns will be treated with the utmost attention and respect throughout the entire grievance process. We are dedicated to fostering an environment where your feedback is valued, and we endeavor to reach resolutions that uphold the principles of fairness and excellence in our services.

You may request a Client Complaint / Grievance Form by coming by our Day Center or by emailing info@phcwc.org

Client Complaint / Grievance Form

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As a client, former client, program participant or an authorized designate you have the right to make a complaint, access advocacy, and to make suggestions and inquiries about service. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance. You may file this form anonymously, however this may make it more difficult for us to invdeistigate the matter and report back to you. This from can be delivered to any supervisor or emailed to info@phcwc.org. You may also have a staff member fill out this form on your behalf in person or over the phone. This form is not required to file a formal grievance. You may also do so by emailing us with all the information related to the grievance at info@phcwc.org

Contact Information

Name: _____ Date: _____ Phone Number: _____

Email: _____

Complaint / Grievnace Information

Program Location: _____ Name of Staff Person: _____

Nature of Grievance:

___ Discrimination ___ Harassment ___ Felt Unsafe ___ Privacy / Confidentiality

___ Problem with Staff ___ Appointment / Access to Services

___ Other (Please Specify): _____

Details of event leading to the complaint:

When did the event / action occur? Please provide date, time and location details: _____

_____

_____

_____

_____

Who was involved: Please include names and / or description of persons involved. _____

_____

_____

What happened: In your own words, descriobe the events that led you do make this complaint / grievance

_____

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Have you spoken to your case manager about this? If yes, what happened and why where you not satisfied with the response? _____

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_____

As a result of your complaint / grievance, what outcomes or actions would you like to see occur? _____

_____

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_____

____ (Initial) I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate with any inquiry of this complaint / grievance. Should it become necessary, I authorize Project Homleess Connect Washington County to disclose details of this complaint to the necessary parties unless specified above.

Client Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

For Administrative Use Only:
Received by:
Outcome: