

Wake Continuum of Care Grievance Process

Grievance and Anti-Retaliation Policy

Anyone participating in the CoC has the right to file a grievance if they have a complaint about the provision of housing and services.

The Wake CoC affirms that people who wish to file a grievance have the right to do so without retaliation from the party accused or any associated representative. 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

Grievance Procedures:

At intake, orientation or employment, all clients, staff, volunteers, and contractors should be provided the program's Anti-Discrimination Policy and should be informed of the program's grievance process.

1. Anyone can submit a complaint form initially to program administration.
2. Program administration will address the grievance with the provider and the client, staff, volunteer, or contractor. If the grievance is against a program administrator, the agency should have an objective representative body, such as a Board Executive Committee, hear and make decisions about the grievance.
3. If a participant is not satisfied with the outcome or if a participant fears retaliation at the program level, a complaint can be filed with Wake CoC via Raleigh Wake Partnership to End Homelessness staff at hello@partnershipwake.org or 919-443-0098.
4. Raleigh Wake Partnership to End Homelessness staff will document the grievance and ask how the complainant would like to receive the written grievance, as well as the written response to their grievance.
5. Raleigh Wake Partnership to End Homelessness staff will notify the Executive Committee within 2 of business days of the Grievance.
6. The Wake CoC Executive Committee will appoint a workgroup to review the grievance and respond to it within 15 of days from when the grievance was filed.

Wake CoC Grievance Form

Date:
Name of Complainant:
Complainant HMIS Number:
Complainant can receive written response at:
Name of person completing this form (if different from the complainant):
Name of Organization/Staff/Entity the grievance is against:
Date or time frame of incident(s):
Reason(s) for the grievance(s):
Right(s) violated:
Evidence provided:
Relief/resolution sought: