

**Rensselaer County Homeless Services Collaborative
COORDINATED ENTRY GRIEVANCE AND APPEALS FORM**

Grievance and Appeal Information and Process

If you have a grievance or complaint about the services you received through Rensselaer Coordinated Entry, or would like to appeal a decision made during the process of Coordinated Entry, we want to hear about it.

Please complete this form as best as you can, and provide a method for us to contact you. Staff may assist you in completing the form in your own words, if you request assistance. Please submit to **ce@josephshousetroy.org** with the subject line "CE Grievance/Appeal." If a staff member of Joseph's House is involved in the complaint or appeal, please submit to: *planning_team@caresny.org*. Someone will contact you within 7 working days. If, for any reason, you are not contacted within 7 working days, please reach out to us again. The information provided in this form will be used to address your concerns, and will otherwise be kept confidential.

Completing this form will not negatively affect your status within the Coordinated Entry system.

Project Participant Identifying and Contact Information

1. First Name		Last Name Please indicate if; <input type="checkbox"/> Head of household or <input type="checkbox"/> Single Individual		
2. Address Please indicate if this is a <input type="checkbox"/> Current <input type="checkbox"/> previous address <input type="checkbox"/> No address		City	State	Zip
Contact Number(s): () - () -	Email: <input type="checkbox"/> None <input type="checkbox"/> Declined	3. Current Housing Provider /Residence Name, if applicable		

Grievance and Appeal Detail

4. Please briefly describe the circumstances for your grievance or appeal (including the name of the person/program/or organization involved, a brief description of events, and relevant dates)

5. What has been done to fix this (by yourself or others)?

6. What would you like to see happen?

Client / Participant Signature

Staff Name and Title

Date

Agency Name

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Coordinated Entry Committee Results

Date Received: ____/____/____

Date Reviewed: ____/____/____

7. CE Committee Findings:

8. Recommended Resolution:

CE Committee Representative Name

Representative Signature