



Sutter Yuba Homeless Consortium Client Grievance Procedure

Policy:

All households served by the Sutter Yuba Homeless Consortium (SYHC) 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 SYHC CoC. This policy also applies to CoC partners should they feel they've been treated unjustly by another CoC partner.

Procedure:

The SYHC 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. All grievance forms must be submitted within 30 days of the incident.

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 SYHC CoC following the process outlined below.

Formal Complaint Process:

1. Client completes grievance form and submits to SYHC at:

Sutter Yuba Homeless Consortium
P.O. Box 3642
Yuba City, CA 95992
2. SYHC Staff will review the grievance, collect any additional document, attempt to substantiate the claims, and move towards resolution of grievance. SYHC Staff will confer with CoC partners as necessary.
3. SYHC Staff will provide a written response to the grievance within ten (10) business days of the review. A copy of the documents will be sent to the Executive Board of the SYHC.
4. If the client is not satisfied with response to grievance, s/he will be invited to participate in a case conference with SYHC Staff, SYHC CoC Executive Board, and other CoC partners as necessary.
5. If a client is not satisfied with the 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, HCD, etc.).



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Anti-Retaliation Policy:

The SYHC 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 SYHC 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 SYHC CoC Staff will request supporting documentation to substantiate the claims. Supporting documents may include: police reports, emails, and eye-witness statements.



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Sutter Yuba Homeless Consortium Continuum of Care Complaint/Grievance Form

Instructions:

If you have a complaint/grievance that you would like to file regarding the Sutter Yuba Homeless Consortium (SYHC) 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 the committee's decision.

Name of Person making Complaint: _____ Date of Event: _____

Does your complaint involve a specific provider? If so, please list the agency name.

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.)

May we contact you for further information? Yes No

If yes, please provide contact information:

Primary Phone Number (if available): _____

Email Address (if available): _____

Address (if available): _____

Secondary Phone Number: _____

What is the best method to contact you? Phone Call Text Email

Signature of person making complaint: _____ Date: _____

This form should be mailed to:

Sutter Yuba Homeless Consortium
P.O. Box 3642
Yuba City, CA 95992

If the complaint is against the SYHC CoC Staff, please submit the grievance to the CoC Board Vice Chair.