



Northern Panhandle CoC (WV-500) Grievance Form

Use this form to report concerns related to CoC-funded services, agency conduct, or operations of the CoC Lead Agency, Coordinated Entry, or HMIS.

You have the right to file a grievance without fear of retaliation. If you need help completing this form, assistance is available upon request.

SECTION 1: Contact Information (Optional)

Your Name: _____

Your address: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: Phone Email No Contact

SECTION 2: Grievance Type

Denial of services or housing

Mistreatment by staff

Unsafe or unsanitary housing conditions

Discharge/termination from program

CoC Lead Agency actions

Coordinated Entry or prioritization

HMIS data collection/privacy

Other: _____

SECTION 3: Description of Grievance

Please describe what happened, who was involved, where, and when. Include any steps taken to resolve it.

(Attach additional pages if needed)

SECTION 4: Have You Reported This to the Agency Already?

Yes

Agency Name: _____

Person Contacted: _____

Date: _____

Outcome or Response: _____

No

I was unable to access or complete the agency's grievance process

SECTION 5: Desired Outcome

What do you hope will happen as a result of this grievance?

SECTION 6: Signature and Acknowledgment

By signing below, I affirm that the information provided is true to the best of my knowledge. I understand that this grievance will be reviewed by the NPCoC Monitoring and Compliance Committee.

Signature: _____ Date: _____

(If submitting anonymously, skip signature)

Submission Instructions

Submit this form by:

- Email: shagan@ccwva.org

- Mail or In Person: [insert mailing address]

- Online Form: [Insert website]

Questions? Contact the CoC Lead Agency at [insert info].