

**PA510: Lancaster County Continuum of Care
Coordinated Entry System Grievance Form**

If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and otherwise kept confidential. Grievances should be submitted in writing to the Office for the Lancaster County Homelessness Coalition (O4C) either via email (sent to homelesscoalition@lchra.com) or mail sent to 28 Penn Square, Suite 200, Lancaster, PA 17603.

Grievances should be as specific as possible, including descriptions of the violation that occurred, the staff person and agency involved, and any actions that were taken to try and resolve the issue before filing a grievance. Completing this form will not negatively affect your status within the Coordinated Entry system.

Clients should look for confirmation of receipt of the grievance (via the preferred method of contact) within 7 business days. The grievance will be reviewed within 14 business days of submission by the Grievance subcommittee of the Lancaster County Homelessness Coalition Steering Committee. Following review, the subcommittee will make a determination as to whether the grievance represents (1) a violation of Coordinated Entry policy and procedure and/or (2) an emergent need for a policy or procedure change within the CE system. Clients can expect to be notified within 30 business days of submission of the outcome of the complaint.

Name of person completing this form: _____

If you are filling this out on behalf of a client, who should we follow up with regarding this complaint:

Cell # _____ Email: _____

Secondary Phone # _____

Preferred Method of Contact: ☐ Call ☐ Email

Can we leave confidential information? ☐ Yes ☐ No

Alternative contact information: _____

Can we leave confidential info? ☐ Yes ☐ No

Coordinated Entry staff, agency/site involved in incident: _____

What is the complaint about:

☐ Coordinated Entry Assessor (The person who talked with you during the assessment; What number did you call from, Date/time)

- ☐ Housing Assessment Tool (The questions that you were asked)
- ☐ Prioritization Status, Homeless Status, or Recommended Housing Intervention (the services you received)
- ☐ Other

Narrative Description of Incident

- Explain the complaint or issue (names of those involved and dates)
- How has your concern been addressed? (by yourself or others)
- What do you feel is needed to resolve your grievance?

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Signature: _____ Date: _____

O4C Use Only	
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Grievance Number: #0001

Date Grievance Received:_____ Expected Date of Decision:_____

Date client was notified of receipt: _____ Method of Comm.: _____

Date Grievance Team notified: _____

Date client was notified of outcome: _____ Method of Comm.: _____

Outcome and Rationale behind decision making:

1. If Violation occurred; what is actionable step? Reconciliation? Reassessment?
2. If policy Item; Change recommended.

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