

Coordinated Entry System Grievance and Appeals Form

If there is a problem or concern about the Coordinated Entry System, we want to know about it. The information on this form will be used to address your concerns and will be kept confidential. Completing this form will not negatively affect your status within the Coordinated Entry System. Please bear in mind that the Coordinated Entry Process cannot guarantee placement into permanent housing, as demand for housing is far greater than the current supply in our community.

Name of person completing this form (grievant): _____

Date of Birth: _____

HMID ID # (if known/available) _____

Cell # _____ **Email:** _____

Preferred Method of Contact: ☐ Call ☐ Email

Alternative contact information: _____

Can we leave confidential info with the alternate contact? ☐ Yes ☐ No

What is this in regard to?

- ☐ Access to Coordinated Entry System (i.e. no assessment provided; difficulty engaging with Outreach or an Access Point)
- ☐ Assessment (i.e. scoring)
- ☐ Prioritization (i.e. disagreement with prioritization for housing or housing-need designation)
- ☐ Housing referral (i.e. referral process; lack of follow through from housing provider)
- ☐ Other dissatisfaction believed to be related to accessing housing and services through the CES (please be specific)

Note: if you have a grievance about CoC shelter, service or housing provider, please go through their grievance process.

Explain the complaint, grievance or issue, including the names of those involved and dates. Please be as specific as possible (you may attach additional pages):

Signature: _____ **Date:** _____

Please email this completed form to Manuel.Sarria@miamidade.gov with the subject line “CES Complaint.” You can expect a response that the form was received within 5 business days. You should receive a response to the complaint within 10 days of verification we received the complaint.

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Homeless Trust Follow up:

Notes/comments from OEH staff:

Recommended Solution and/or Timeline:

| | |
|--|---|
| Trust Staff: | Position: |
| Date Grievance Received: | Date Grievance Resolved: |
| Has the grievant been notified of the outcome? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| If No or N/A, please explain why? | |