

Miami-Dade Homeless Trust Coordinated Entry System Grievance and Appeals Process and Form

The purpose of the grievance and appeals process is to ensure that if a client has a problem or concern with the Coordinated Entry System (CES) they have a confidential means to report the concern. Making a grievance will not negatively affect their status within the CES.

If a grievance is about a Continuum of Care (CoC) shelter, service or housing provider, the client should go through that provider's grievance process. In addition, CES cannot guarantee placement into permanent housing, as demand for housing is far greater than the supply

CES Grievance

A CES grievance relates to one of the following:

- Access to the CES (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.

Grievance Process

1. A grievance must be requested in writing or by phone, and clients are encouraged to use the form on page 2 below. Clients must explain the complaint, grievance or issue, and include the names of those involved and dates. The complaint should be as specific as possible.
2. Client should email the written grievance to: Manuel.Sarria@miamidade.gov with the subject line "CES Complaint". Clients who do not have access to email may call 305-375-5739 to request a grievance.
3. The Miami-Dade County Homeless Trust (Homeless Trust) will review the grievance, verify the CES grievance process is the appropriate place for the complaint, complete an investigation and clearly document its findings.
4. The Homeless Trust will respond to the complaint with recommended solutions within 10 business days of receiving the complaint.
5. The Homeless Trust will track all complaints in an effort to determine system-wide patterns or problems that can be addressed. All identifying Information regarding individual clients will be kept confidential.

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.Sarría@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.

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?	