



# CoC Complaint Process<sup>1</sup>

## Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by participants, participating provider agencies, or other parties expressing dissatisfaction with the Contra Costa CoC. Complaints may cover all agencies and staff providing housing or services to individuals experiencing homelessness in Contra Costa County, Coordinated Entry System (CES), or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the CoC including all agencies providing housing or services to individuals experiencing homelessness, CES, or HMIS. A complainant can be a participant or their representative, agency staff, or community member or representative.

## Internal Agency Complaint Policy and Procedure Requirements

**Internal Agency Complaint Policy and Procedure:** All agencies providing housing or services to individuals experiencing homelessness in the CoC should have an internal written policy and procedure to address complaints. All agencies receiving funding through the HUD CoC competition must have an internal written policy and procedure to address complaints. The following outlines the minimum requirements for an agency's internal complaint policy and procedure:

- The internal agency complaint policy and procedure must be posted in a place conspicuous and accessible to participants, at minimum in English and Spanish.
- The complaint process focuses on preventing the escalation of conflicts and improving program environments for clients and staff. To this end, programs must strive to maximize the use of informal avenues for resolving disputes whenever possible.
- Agencies must provide an explanation of the complaint process to participants upon program admission and upon warning receiving a warning or discharge notice, verbally and in written form in a language that they understand and accessible to individuals with hearing or visual impairments.
- The internal complaint policy and procedure **and** the verbal and written explanation must:
  - specifically inform participants of their right to file a non-discrimination complaint; and provide participants with the procedures for addressing

---

<sup>1</sup> Approved by the Council on Homelessness Oversight Committee on November 11, 2021.

complaints and grievances within the agency and ability to file a complaint through with the CoC if the agency is unable to resolve the complaint internally.

- In addition, the internal complaint policy and procedure must:
  - include a policy regarding the confidentiality of the complaint and that information regarding the complaint will only be shared with participant and necessary staff and documented in participant files;
  - include an anti-retaliation policy explaining that the participant will not receive punitive treatment as a result of filing the complaint;
  - allow participant to be represented by a third-party advocate in the complaint process. Reasonable efforts must be made to coordinate with participant's advocate during the complaint process; and
  - to the extent possible, allow participants the opportunity to present their case before a neutral decision-maker.

In addition, agencies must maintain documentation of all complaints for a period of at least two years and such documentation is subject to monitoring.

## CoC Complaint Process

1. **Complete Internal Agency Complaint Process:** If the complainant is an individual filing a complaint against an agency or organization, the complainant must first file a complaint directly with the agency with which they are aggrieved. If they are not satisfied with the results of the internal complaint process, or if the internal complaint process is not appropriate based on the circumstances, a complaint with the CoC may be filed as outlined below.
  - a. If the complainant is an agency filing a complaint against another agency OR an individual or agency filing a complaint against Coordinated Entry or HMIS, skip directly to step 2.
2. **File Complaint with the Continuum of Care:** To file a complaint, a complainant, or their designee, will need to complete the Contra Costa Continuum of Care Complaint Form that will be submitted to the CoC Administrator and their designee by email, online form, or phone.
  - a. The complaint may be written by the complainant or by someone on the complainant's behalf.
  - b. Complaints may be submitted via online form:  
<https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY0OGJvKwA0OMRSgzli9AMJhJgQWzXC4zsstUMEcwVIIJVTBHUDRHWUk3Sk1WMEIQVjZTSy4u>
  - c. Complaints may also be submitted via email to Contra Costa CoC ([contracostacoc@cchealth.org](mailto:contracostacoc@cchealth.org)) or via phone, 925-608-6700.
  - d. Please note, the online template, email, and phone will be monitored by the CoC Administrator and a limited selection of H3 staff. If the complaint is directed at

the CoC Administrator or their designee, steps 3 and 4 will be overseen by an hoc Panel of non-conflicted Oversight Committee members.

3. **Investigation of Complaints:** The investigation of complaints will be led by the CoC Administrator or their designee and involve a series of meetings and interviews.
  - a. The CoC Administrator or their designee will acknowledge and start an investigation of the complaint within five business days of receiving the complaint. If the complaint is in a health or safety issue that has not been resolved by the agency (e.g., pest infestation, violence against a client), the CoC Administrator or their designees will acknowledge and start an investigation within 2 business days of receiving the complaint.
  - b. The CoC Administrator or their designee will contact the individual or agency filing the complaint to determine if the dispute can be resolved without a formal investigation.
  - c. If a formal investigation is necessary, the CoC Administrator or their designees will attempt to contact and interview the parties with knowledge of the circumstances of the complaint, which may include the agency or program named in the complaint, the Coordinated Entry System Manager, and/or a member of the Research, Evaluation, and Data (RED) Team, depending on the nature of the complaint.
  - d. If the complaint is about a specific provider within the CoC, the CoC Administrator or their designee will confirm that the provider attempted to resolve the complaint through its internal complaint process and will seek documentation from that process.
    - i. If the complainant did not attempt to resolve the complaint with the provider first, the CoC Administrator or their designee will ask the complainant to go through the provider's internal agency complaint process before it is addressed by the CoC.
  - e. Following the investigation, the CoC Administrator or their designee and any other appropriate party, will review, and decide how best to resolve the complaint.
  
4. **Resolving Continuum of Care Complaints:** Within 30 days of completing the investigation, the CoC Administrator or their designee will complete part three of the of the Complaint Form to document the complaint, and the recommendation on the solution of the complaint and any actions recommended to participant satisfaction and prevent legal violation, or instance of gross misconduct or negligence from occurring in the future.
  - a. Complaints regarding pressing health and safety needs will be prioritized and may be resolved on a faster timeline.

- b. Resolutions may include recommending options on how the agency should resolve the issue directly with the complainant, that the complainant be re-assessed or re-prioritized for housing or services, the agency following a corrective action plan, referrals to appropriate resources (e.g., Environmental Health), the agency being required to adjust its internal policies to ensure the same issue does not happen again, and if necessary, censuring an agency, or withdrawing funding.
5. **Escalation of System of Care Complaint:** If the complainant is unsatisfied with the resolution presented by the CoC Administrator or the complaint regards H3 staff or processes, the complainant may request that the complaint be escalated and the CoC Administrator or their designee will convene an ad hoc Complaint Panel of non-conflicted Oversight Committee members.
- a. The Complaint Panel will review the complaint, investigation and steps taken to date, resolution documentation, and provide recommendations on the solution to the CoC Administrator or their designee.
  - b. Complaint Panelists will be non-conflicted, such that they are able to remain unbiased and have no personal or professional stake in the decision being considered and can remain objective and unbiased.
  - c. The Panel will identify a Chair or Co-chairs who will coordinate and lead committee meetings and identify panelists for grievance panels.
  - d. The Complaint Panel will keep participant and program information learned through grievance proceedings confidential

H3 will keep complaint forms on file internally for two years. Additionally, the CoC Administrator or their designee will share complaint trends including complaint types, complaints pending resolution, corrective action plans, and needs for system wide training or activities that will impact the CoC that resulted from complaints or complaint trend analysis with the Oversight Committee at least annually to inform ongoing system design and quality improvement. The CoC Administrator or their designee will follow up with the complainant when possible, with the completed Complaint Form to determine if the complaint has been resolved to the satisfaction of the complainant.

Individuals needed accommodations should contact Jaime Jenett, Staff to the CoC, by emailing [contracostacoc@cchealth.org](mailto:contracostacoc@cchealth.org) or calling 925-608-6700.

### Retaliation Policy

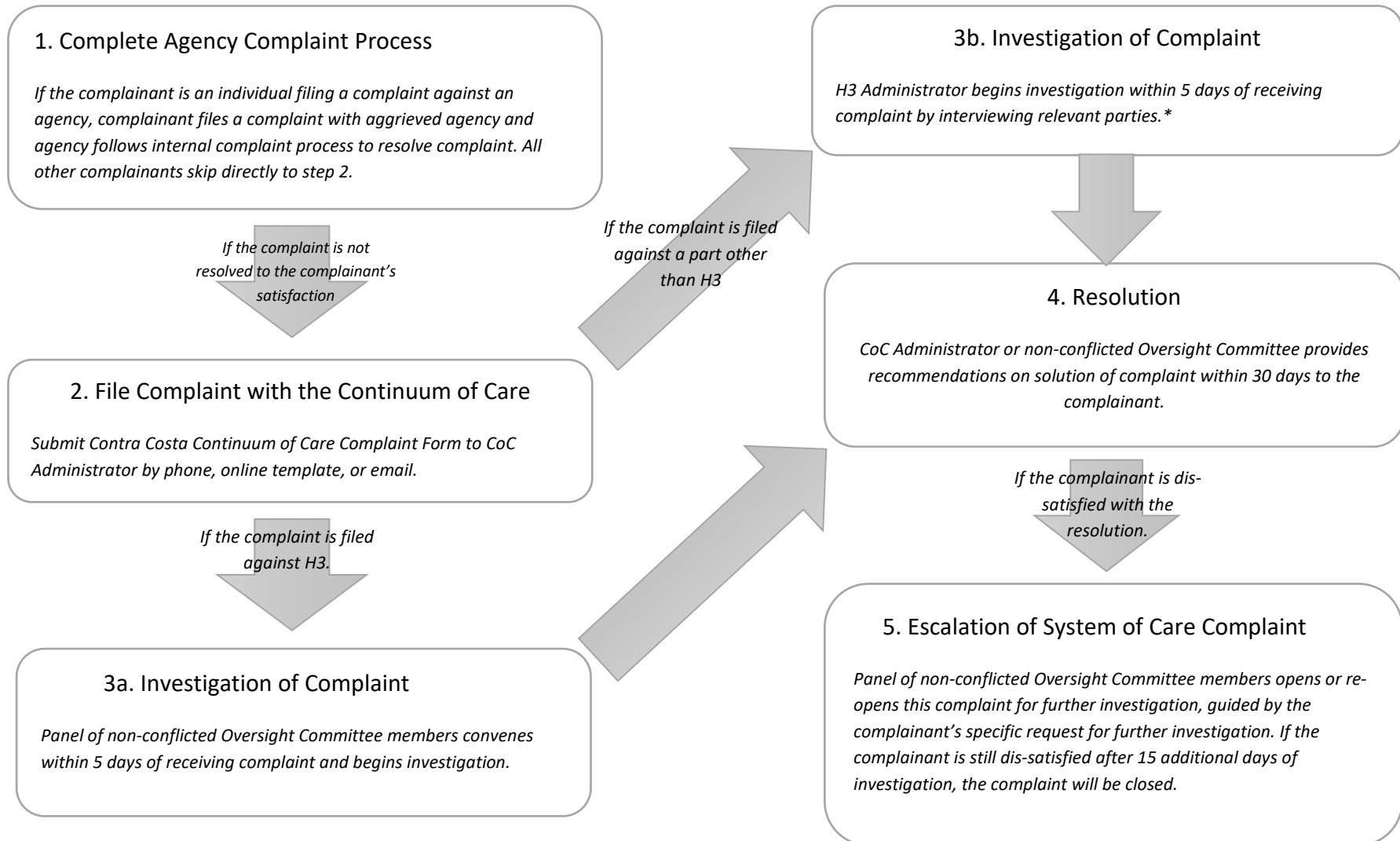
The Contra Costa CoC provides agencies and clients who wish to file a complaint the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to; harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

The Contra Costa CoC will take immediate steps to stop retaliation and prevent its recurrence. These steps will include, but are not limited to:

- Technical assistance,
- Corrective Action Plan or Monitoring Plan,
- Written report of grievance and retaliation to program funder(s) (decision made at the discretion of the Oversight Committee), and/or
- Discontinuing CoC funding (decision made at the discretion of the CoC Board).

The CoC Administrator will request supporting documentation from the alleged victim of retaliation to substantiate all claims. Supporting documentation may include: police reports, emails, and eye-witness statements.

## Standard System of Care Complaint Process Flow Chart



\*If the complaint is in regard to an immediate health or safety issue (e.g., bed bug infestation, violence against a client in a program), H3 will acknowledge the complaint within 48 hours and provide next steps or referrals to other County agencies within 5 business days.

ANNA M. ROTH, RN, MS, MPH  
HEALTH SERVICES DIRECTOR

CHRISTY SAXTON, MS  
DIRECTOR OF HEALTH, HOUSING & HOMELESS SERVICES



**CONTRA COSTA  
HEALTH, HOUSING &  
HOMELESS SERVICES**

2400 Bisso Lane, Suite D 2<sup>nd</sup> Floor  
Concord, California 94520  
Ph 925-608-6700  
Fax 925-608-6741

**Contra Costa Continuum of Care Complaint Form**

A complaint can be filed by a participant, staff at a participating agency or anyone else expressing dissatisfaction with the housing or services providers serving individuals experiencing homelessness, Coordinated Entry System or HMIS. The complaint may be written by the Complainant or by someone on the Complainant's behalf. The Complainant will be contacted with the outcome within 30 business days of submitting the complaint.

To submit a complaint, please complete the form below and return it to the CoC Administrator by either online form, email, or phone. If your complaint is against the H3, the Coordinated Entry System, or Homeless Management Information System (HMIS), a panel of non-conflicted Oversight Committee members will convene to investigate your complaint.

Form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY0OGJvKwA0OMRSgzli9AMJhJgQWzXC4zsstUMEcwVIIJVTBHUDRHWUK3Sk1WMEIQVjZTSy4u>

Email: [contracostacoc@cchealth.org](mailto:contracostacoc@cchealth.org)

Phone: 925-464-0152

Please contact the email or phone number above to request reasonable accommodation for this process.

**Part I – CoC Complaint (To be completed by the Complainant)**

Print Name: Click or tap here to enter text.

If you are filing this complaint on behalf of an agency, please list the agency name: Click or tap here to enter text.

Preferred contact method:  Phone  Email  Other

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Other: Click or tap here to enter text.

**Instructions:** If you have previously submitted a complaint regarding this issue using another form, please feel free to attach that form and/or copy your applicable responses below.

Name and agency/organization that is the subject of the complaint:

\_\_\_\_\_

What is your relationship to this agency/organization?

- Currently or Previously Receiving Housing or Services
- Employee of this Agency/Organization
- I am filing a complaint against Coordinated Entry.
- I am filing a complaint against HMIS.
- Other (please specify): \_\_\_\_\_

Please explain in your own words what happened. Please be specific as possible, include date of appointment or conversations, staff names, or programs. You may use additional pages if needed: [Click or tap here to enter text.](#)

When did the incident above happen? [Click or tap here to enter text.](#)



Has this happened before? If so, did you report it? Who did you report it to? What was the outcome?  
Click or tap here to enter text.

What do you want done to resolve the problem?  
Click or tap here to enter text.

Is this complaint regarding an immediate health or safety issue (e.g., bed bug infestation, violence against a program participant)?

- Yes (please describe): \_\_\_\_\_
- No

If you are an individual submitting a complaint against an agency or organization, the CoC Complaint Policy asks that complaints first go through the complaint process at the agency involved in the incident. Did this complaint go through the complaint process at the agency involved in the incident already?

- Yes       No

If no, are we able to share this information with the agency to go through their complaint process?

- Yes       No

*I certify that the information is true and correct to the best of my knowledge.*

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II - Investigation (to be completed by agency that is the subject of the complaint)**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Preferred contact method:       Phone                       Email

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please explain in your own words what happened. Please be specific as possible, include date of appointment or conversations, staff names, or programs. You may use additional pages if needed: [Click or tap here to enter text.](#)

Have you received this complaint before? If so, by whom and what was the outcome: [Click or tap here to enter text.](#)

What steps have been taken already to resolve the issue? Click or tap here to enter text.

What actions do you recommend to resolve this issue? Click or tap here to enter text.

*I certify that the information is true and correct to the best of my knowledge.*

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III - Resolution (to be completed by the CoC Administrator or Chair or Ad Hoc Panel of Non-Conflicted Oversight Committee Members and shared with the Complainant)**

CoC Administrator or Chair of Panel Name: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_

Description of the Complaint: *Click or tap here to enter text.*

Has a similar complaint against this agency on this topic been received by the CoC before? If so, what was the outcome? *Click or tap here to enter text.*

What steps were taken to investigate this complaint? *Click or tap here to enter text.*

What is your recommended resolution for this complaint?

- Complainant will be re-assessed and/or re-prioritized for housing or services.
- Complainant will be referred to appropriate health and safety resources.
- Agency will be asked to complete and follow a Corrective Action Plan.
- Agency will be asked to adjust internal policies.
- CoC Board should consider withdrawing CoC funding for this project.
- Other (please describe): \_\_\_\_\_

Please describe the recommended resolution in greater detail:

\_\_\_\_\_

**To be completed by Complainant:**

Please complete the following statement. I am:

- Satisfied with the proposed resolution.
- Dissatisfied with the proposed resolution and would like to request further investigation by a non-conflicted Panel of Oversight Committee members.

If you are dissatisfied with the proposed resolution, please describe the additional information or steps you would like the Panel to consider: [Click or tap here to enter text.](#)

*I certify that the information is reflective of the proposed resolution conversation between the CoC Administrator or Chair of the Panel and the Complainant to the best of my knowledge.*

CoC Administrator or Chair of Panel Signature: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

**Part IV – Escalation of Complaint (to be completed by the Ad Hoc Panel of Non-Conflicted Oversight Committee members, if necessary)**

Oversight Committee Members reviewing complaint:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_

Date of Oversight Committee Review: \_\_\_\_\_

What further steps, if any, were taken to investigate this issue? [Click or tap here to enter text.](#)

What is the Panel's recommended resolution for this complaint?

- The Panel agrees with and upholds the proposed resolution.
- The Panel would recommend changes to the proposed resolution, detailed below: [Click or tap here to enter text.](#)

**To be completed by Complainant:**

Please complete the following statement. I am:

- Satisfied with the final resolution.
- Dissatisfied with the final resolution.

If you are dissatisfied with the final resolution, please describe your specific areas of dissatisfaction: [Click or tap here to enter text.](#)

*I certify that the information is reflective of the final conversation between the CoC Administrator or Chair of the Panel and the Complainant to the best of my knowledge.*

Panel Representative Signature: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_