



CoC Complaint Process¹

Overview

This document outlines the Contra Costa Continuum of Care's (CoC) process for handling complaints made by individuals against participating CoC-funded programs, the Coordinated Entry System (CES) or the Homeless Management Information System (HMIS). Complaints may be filed against the following entities and their staff: CoC-funded programs providing housing or services to individuals experiencing homelessness; 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 CoC-funded programs, CES, or HMIS. A complainant can be a participant or their representative. Please see Appendix B for a current list of CoC-funded programs.

Internal Agency Complaint Policy and Procedure Requirements

Internal Agency Complaint Policy and Procedure: All agencies receiving CoC funding should have an internal written policy and procedure to address complaints and grievances. 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 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

¹ Policy approved by Council on Homelessness on March 16, 2023.



- provide participants with the procedures for addressing complaints and grievances within the agency and ability to file a complaint 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, noting 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 a CoC-funded program, **the complainant must first file a complaint directly with the agency with which they are aggrieved.** If, after exhausting the internal complaint process, the complainant would like additional review of the complaint, a complaint with the CoC may be filed as outlined below.
 - a. If the complainant is an individual filing a complaint against Coordinated Entry or HMIS, skip directly to step 2.
2. **File Complaint with Contra Costa Health, Housing and Homeless Services (H3), the lead agency for 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 H3 as the lead agency for the CoC by online form or phone.
 - a. The complaint may be written by the complainant or by someone on the complainant's behalf.
 - b. The complainant may submit a complaint by calling (925) 608-6779. The CoC Administrator (H3 staff) or their designee will complete the complaint form on the complainant's behalf.



- c. The complainant may inquire about the process of filing a complaint by calling (925) 608-6779 or emailing contracostacoc@cchealth.org.
 - d. Please note that the online template and phone will be monitored by the CoC Administrator (H3 staff) or their designee.
 3. **Investigation of Complaints:** Complaints against CoC-funded programs will be led by CoC lead agency H3 or their designee. Complaints against H3 as the lead of the Coordinated Entry System or HMIS will be led by the CoC Complaint Review Panel. All investigations may involve a series of meetings and interviews.
 - a. The investigator(s) will acknowledge and start an investigation of the complaint within five business days of receiving the complaint.
 - i. If investigator(s) identify that the complaint is related to a health or safety issue (e.g., pest infestation, violence against a client), the investigator will acknowledge the complaint and start an investigation within two business days of receiving the complaint.
 - b. The investigator(s) will contact the individual or agency filing the complaint. During the initial interaction, the CoC Administrator or their designee will request a copy of the complaint already filed internally by the complainant and determine if the dispute can be resolved without a formal investigation.
 - c. If a formal investigation is necessary, the investigator(s) 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 CoC-funded program, the investigator(s) will confirm that the program 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 investigator(s) 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 investigator(s) will review the gathered information and identify recommendations for resolving the complaint.
 4. **Resolving Continuum of Care Complaints:** Within 30 business days of completing the investigation, the investigator(s) will complete part three of the Complaint Form to document: the complaint; the recommended solution of the complaint; and any actions



recommended to resolve participant dissatisfaction and to prevent legal violation or instances 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. If the complaint is against H3, HMIS, or CES, a non-conflicted Review Panel will be convened within 30 business days of the request.
- c. Resolutions may include recommendations for: direct resolution between the agency and the complainant; complainant re-assessment or re-prioritization for housing or services; development of an agency corrective action plan; referrals to appropriate resources (e.g., Environmental Health); and adjusting agency internal policies to ensure the same issue does not happen again.

Recordkeeping and Accountability

H3 will keep complaint forms on file internally for two years. Additionally, the CoC Administrator or their designee will share complaint trends with the Oversight Committee at least annually to inform ongoing system design and quality improvement. Complaint trends may include complaint types, complaints pending resolution, corrective action plans, and needs for system wide training or activities that will impact the CoC. 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.

Accommodations

Individuals needing accommodations should contact Jaime Jenett, Staff to the Council on Homelessness, by emailing cchomelesscouncil@cchealth.org or calling or texting (925) 464-0152.

CoC Complaint Review Panel

The CoC Complaint Review Panel members 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. (See Appendix A, Conflict of Interest Policy).

The Complaint Panel will keep participant and program information learned through grievance proceedings confidential.



Retaliation Policy

The Contra Costa CoC provides CoC-funded agencies and their clients who wish to file a complaint the opportunity to do so without retaliation from the party accused or any associated representative. 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 may include, but are not limited to:

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

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/or eye-witness statements.

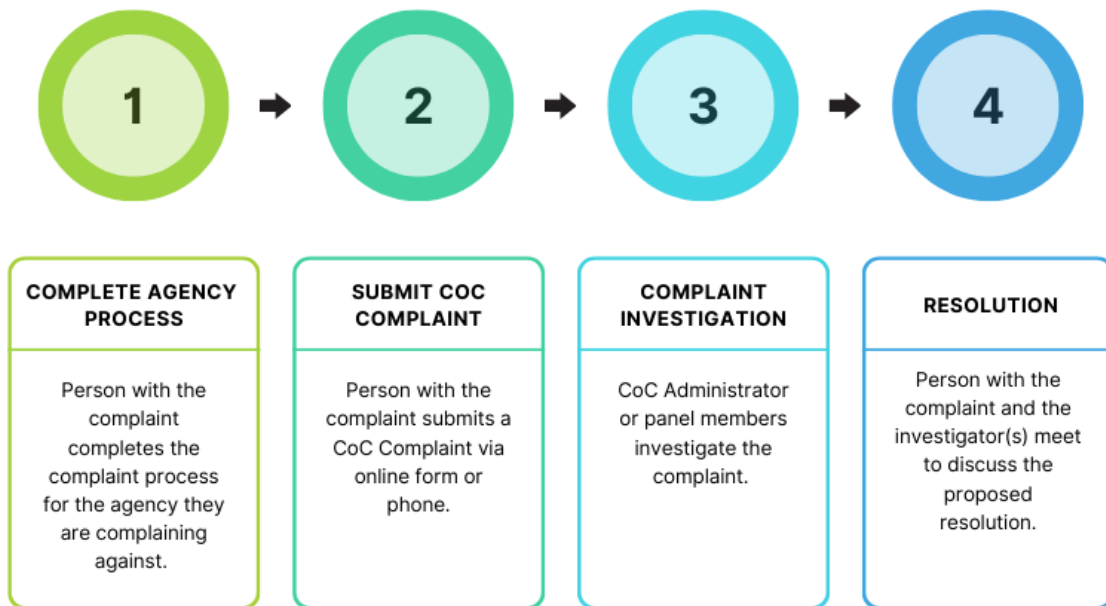
Frequency of Contact Policy

If complainants are unresponsive to the investigator(s) for more than 10 business days, the complaint will be considered closed. The investigator(s) will make at least two efforts to contact the complainant using their preferred form of communication (as indicated on the Complaint Form) before closing the complaint. At any time, the complainant can re-initiate contact and re-open a complaint that was closed mid-way through the process. Before closing the complaint, the investigator(s) will follow up with the complainant explaining this process.

Complaints will be reviewed in the order they are received. Each complainant is limited to two or fewer active complaints at a time to ensure that complaints can be processed in a timely manner.

Until a formal complaint is filed, communication between H3 and the prospective complainant will be limited to technical assistance regarding the complaint process and form.

Contra Costa CoC Complaint Review Process





Contra Costa Continuum of Care Complaint Form

A complaint can be filed by a participant against the following agencies and their staff: CoC-funded agencies providing housing or services to individuals experiencing homelessness (see Appendix B for a list of CoC-funded agencies); the Coordinated Entry System (CES); or the Homeless Management Information System (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 or their designee by either online form or phone. If your complaint is against H3, the Coordinated Entry System, or the Homeless Management Information System (HMIS), a panel of non-conflicted community members will convene to investigate your complaint.

Email: contracostacoc@cchealth.org
Phone: (925) 608-6779

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

Print Name:

Preferred contact method: Phone Email Text

Phone Number: _____

Email: _____

Instructions: If you have previously submitted a complaint regarding this issue using another form, please attach that form or copy your responses below.

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 2nd Floor
Concord, California 94520
Ph 925-608-6700
Fax 925-608-6741

Who are you filing this complaint against?

CoC-funded Agency (please specify): _____

Coordinated Entry

HMIS

Please explain in your own words what happened. Please be specific as possible, including staff names or programs.

When did the incident above happen?

Has this happened before? If so, who did you report it to? What was the outcome?



What do you want done to resolve the problem?

Have you submitted a complaint to the agency about this issue?

Yes No I'm not sure

If no, are we able to share this complaint with the agency?

Yes No

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

Complainant Signature: _____ Date: _____

As part of the CoC's effort to increase equity, H3 or their designee may track demographic information of people filing complaints, either through the complainant's direct report or through data systems such as HMIS. This information would not be shared on individual level or in any way used to identify a specific complainant.

By signing below, you are stating that you understand and agree with this data sharing.

Complainant Signature: _____ Date: _____

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

Print Name:

Title:

Agency:

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

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



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HEALTH, HOUSING &
HOMELESS SERVICES

2400 Bisso Lane, Suite D 2nd Floor
Concord, California 94520

Ph 925-608-6700
Fax 925-608-6741

Preferred contact method:	Phone	Email
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Phone Number: _____

Email: _____

Please explain in your own words what happened. Please be as specific as possible, including staff names and/or programs.

Have you received this complaint before? If so, by whom and what was the outcome?

What steps have been taken already to resolve the issue?

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

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



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Fax 925-608-6741

[Empty rectangular box for input]

What actions do you recommend to resolve this issue?

[Large empty rectangular box for text response]

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 CoC Complaint Review Panel members and shared with the Complainant)

CoC Administrator or Panelist Names:

Date Complaint Received:

Notes from the Investigation:

What steps were taken to investigate this complaint?

Has a similar complaint against this agency on this topic been received by the CoC before? If so, what was the outcome?

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.
- 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.

Please include any notes you have about the proposed resolution:

*I certify that the information above 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. Signing this form does **not** mean you agree with the proposed resolution.*

CoC Administrator or Chair of Panel Signature: _____

Complainant Signature: _____

Date of Meeting: _____