

CoC Grievance Submission Form

Your Name	
Your Email Address	
Your Phone Number	
No phone or email - How can we find you?	

Name of Person Assisting (If Any)	
Email & Phone Number of Person Assisting (If Any)	

Check the box next to your LHC or County below

<input type="checkbox"/> Allegany County <input type="checkbox"/> Cecil County <input type="checkbox"/> Frederick County <input type="checkbox"/> Garrett County	<input type="checkbox"/> Harford County <input type="checkbox"/> Southern MD (Charles, Calvert & St. Mary's) <input type="checkbox"/> Washington County
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Type of Grievance—Who is Filing?

<input type="checkbox"/> I am a program participant filing against a provider <input type="checkbox"/> I am a CoC member filing against another CoC member <input type="checkbox"/> I am a CoC member filing against the CoC or HMIS Lead Agency <input type="checkbox"/> Other/Not Listed

What is this grievance related to?

<input type="checkbox"/> Violation of CoC Policy <input type="checkbox"/> Termination of Policy <input type="checkbox"/> Appealing an Organization's Decision <input type="checkbox"/> Other

Name of the organization or person you are filing a grievance against

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Have you already filed an internal grievance with the organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please describe your grievance in detail below and include the following information, if applicable:

- **A detailed description of the grievance (parties involved, issue in question)**
- **When the grievance began**
- **Any steps you've taken in an attempt to solve the issue**
- **A potential solution to the issue**

Would you like to file this grievance anonymously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The MD Balance of State CoC will not retaliate against an individual for filing a complaint. If you are concerned that you have or will face retaliation for filing a complaint and would like your information to remain anonymous, please check the “Yes” box above. Please understand that lack of disclosure may limit the ability of the CoC to address your grievance.

Note for clients wishing to submit a grievance anonymously: When filing an anonymous grievance, the CoC Grievance Committee may not be able to resolve the matter because the grievance will not be discussed in detail with provider staff. In this case, the grievance may be kept on file solely for record-keeping purposes and will be closed.

Signature

Date

By signing your name, you consent to information regarding this grievance being released to the staff of the CoC Lead Agency, the CoC Grievance Committee and other parties as needed to resolve the grievance

Please sign and mail this form to:
Maryland Balance of State Continuum of Care
7800 Harkins Road
Lanham, MD 20706
OR
Scan and email to:
boscoc.dhcd@maryland.gov