The Housing First Continuum of Care (CoC) has a process for handling grievances and complaints made by clients, provider agencies, or other parties expressing dissatisfaction with the homeless system of care in Solano County (“Complainant(s)”). Any person participating in the coordinated entry process (known as “Resource Connect Solano”) or interacting with programs in the Solano County homeless system of care has the right to file a grievance. Resolution of grievances related to a particular service agency should be attempted first through that agency’s grievance procedure.

There is a specific, separate process for discrimination complaints. If this is a discrimination complaint, please follow the process outlined in Section IV.B. and Attachment III above.

There is also a specific, separate process for incidents involving the improper use and/or disclosure of Personally Identifiable Information. For information on this process, please see Attachment VI above.

A. Filing a Grievance:

Anyone who utilizes Resource Connect Solano (RCS) (as a client or provider) can use this grievance policy and the grievance form included below. Everyone accessing services should receive an explanation of their rights upon intake or upon accessing services. All providers taking referrals from RCS must ensure clients understand and can assert their rights under this grievance policy.

The grievance may be anonymous but choosing not to submit personal information may reduce the CoC’s ability to do further investigation of the grievance. The grievance should be received in writing, preferably on the grievance form included below. If the Complainant is identified, but wants the grievance to remain confidential, the CoC will only share the complaint with the necessary staff. Any form of retaliation as a result of grievance filing will not be tolerated.

The grievance form should be sent to:

**By Mail:** Housing First Solano Continuum of Care  
870 Market Street, Suite 1228  
San Francisco CA 94102

**By email:** solano@homebaseccc.org

**Through the CoC Website:** www.housingfirstsolano.org

If needed, any RCS access location or CoC funded provider should be able to assist in filling out and mailing the grievance to the CoC.

Updated by the Housing First Solano Continuum of Care on December 18, 2019.
B. Investigating and Resolving Grievances:

When a grievance is received, the non-conflicted CoC Board officers (Chair, Vice-Chair and Secretary) will complete an investigation of the grievance within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CoC Board officers will write an adequate response of the investigation’s findings and the action(s) recommended by the investigator. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The response will be kept on file for two years.
HOUSING FIRST SOLANO CONTINUUM OF CARE

Grievance Request Form

The Housing First Solano Continuum of Care (CoC) will investigate all grievances regarding programs in the Solano County homeless system of care and regarding the Coordinated Entry System, Resource Connect Solano (RCS).

This form should be completed by the client but may be written by someone on the client’s behalf. Any personal information related to the complaint should be submitted with the grievance form. Choosing not to submit personal information may reduce the CoC’s ability to do further investigation of the grievance. The grievance form and personal information will be kept confidential. The complainant should receive a response to their grievance request within 90 days, depending on the severity of the incident and the investigation required.

Note: There are separate policies to file a grievance if you think you have been discriminated against or that your personally identifying information was improperly used and/or disclosed. Please see the General Grievance Policy for references to these documents.

Please complete the information below for the client who is the subject of the grievance.

1. Full Name ________________________________

2. Contact Information (Any available)
   Phone: _______________________________
   Email: _______________________________
   Address/Where is the best place to find you during the day?
   ______________________________________

3. What action or communication have you already taken to resolve your complaint? (Resolution of grievances related to a particular service agency should be attempted first through that agency’s grievance procedure.)
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

Updated by the Housing First Solano Continuum of Care on December 18, 2019.
4. What was the result of the action or communication you took with that particular agency?

______________________________________
______________________________________
______________________________________
______________________________________

5. Date, Time, and Place of Incident:

______________________________________
______________________________________
______________________________________
______________________________________

6. **Details of Incident** (Provide details of the situation, including specific dates of appointments or conversations, agencies, programs and staff involved. If this grievance is regarding a specific agency, please be sure to include their name here.)

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________

7. **Proposed Resolution** (Explain what steps were taken to resolve the issue and what you believe is a fair solution.)

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________

Updated by the Housing First Solano Continuum of Care on December 18, 2019.
By signing, you indicate you have read and understand the CoC grievance policy.

8. **Complainant (or Representative)**

Signature________________________________________ Date ______________

**Relationship to Complainant (if Representative)**

9. This form must be submitted via one of the methods listed below to receive a response to your grievance request:

   a. Email to: solano@homebaseccc.org
   b. On the CoC Website: www.housingfirstsolano.org
   c. Mail to:
      
      Housing First Solano Continuum of Care
      870 Market Street, Suite 1228
      San Francisco CA 94102
      
   d. Any Resource Connect Solano (RCS) access location or CoC-funded provider should be able to assist in filling out and mailing the grievance to the CoC. RCS can be reached by phone at 707.652.7311 or by email at res@caminar.org. Please visit their website for further information: www.resourceconnectsolano.org.

10. If the grievance or complaint is against the CoC, please submit the grievance or complaint to the Community Action Partnership of Solano, Joint Powers Authority (CAP Solano JPA) at:

    CAP Solano JPA
    Attn: Kathy Lawton-Caeser, Chair
    701 Civic Center Boulevard
    Suisun City, CA 94585
    Solano@homebaseccc.org
    www.capsolanojpa.org