

# **Lubbock City & County Continuum of Care TX-625 CoC and ESG Agency Grievance Form**

This form is for Executive Directors or CEOs of CoC or ESG-funded agencies to submit a formal grievance appeal against another CoC or ESG-funded project, as outlined in the CoC Written Standards.

## **Section 1: Agency Information**

Field	Details
Complainant Agency Name	
Agency Executive Director/CEO Name	
Agency Address	
Phone Number	
Email Address	
Accused Agency/Project Name	
Date Informal Grievance Attempted	

## **Section 2: Grounds for Grievance**

Grievances must specifically relate to program components, regulations, and requirements outlined in **24 CFR Part 578 (CoC)**, **24 CFR Part 576 (ESG)**, or the **Lubbock CoC (TX-625) Written Standards**.

Please select the relevant category and describe the basis of the grievance:

Category of Violation	Select (X)
Failure to Fully Participate in the Coordinated Entry System (CES)	
Violation of Homeless Management Information System (HMIS) Policies and Procedures	

Noncompliance of housing with support principles (e.g. <b>Housing with Supports</b> is an innovative, solutions-focused model that blends housing stability with comprehensive service coordination, helping individuals leverage mainstream and community resources to rebuild stability and independence.)	
Violation of other specific sections of 24 CFR Part 578 (CoC) or 24 CFR Part 576 (ESG)	
Violation of other specific sections of the Lubbock CoC Written Standards	

**Detailed Description of the Grievance:**

*(Please describe the specific actions or failures by the accused agency that constitute the grievance. Include dates, times, and any relevant project/program rules being violated.)*

**Informal Resolution Documentation:**

*(Describe the attempt(s) made to resolve the issue informally by directly contacting the involved agency. **This documentation is required for a formal appeal.** Attach any supporting emails, call logs, or meeting notes.)*

## Section 3: Grievance and Appeal Process

Please read and initial the following:

Statement	Initial
I certify that an informal grievance attempt was made with the involved agency, but the matter remains unresolved.	

I understand that the Quality and Performance Committee (QAP) will review this grievance and determine if the claim is substantiated, gathering information from all involved parties.	
I understand that a written response from the QAP will be provided to both agencies no later than sixty (60) business days after this form is received.	
I understand that if either party is dissatisfied with the QAP's decision, they may submit a final appeal to the CoC Board of Directors.	
I understand the CoC Board will issue a final, binding written decision within fifteen (15) business days of receiving the appeal.	
I understand that the Anti-Retaliation Policy applies, and any suspected retaliation will be addressed immediately.	

#### **Section 4: Signature**

By signing this form, I, the Executive Director/CEO, certify that the information provided is true and accurate to the best of my knowledge and that this grievance is submitted in accordance with the Lubbock CoC Written Standards.

**Executive Director/CEO Signature:** \_\_\_\_\_

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