Coordinated Entry Transfer, Grievance and Appeals Form

If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and is otherwise confidential. If you need assistance completing this form, please contact admin@echowtx.org. You can expect a response within seven (7) business days. Completing this form will not negatively affect your status within the coordinated entry system.
This is also the form for agency/staff grievances *with respect to the coordinated entry system.*

Name of the person completing this form: _____

Who should we follow up with regarding this form: _____

Cell Phone # _____ **Email** _____

Secondary Phone # _____
Preferred Method of Contact: □ Phone □ Email
Can we reveal confidential information? □ Voicemail □ Email □ Live phone call

Alternate contact info: _____ **Can we leave confidential info?** □ Yes □ No

Program Staff, agency/site involved in incident: _____

What is this regarding:
□ Housing Assessor
□ The Assessment
□ Homeless status, or recommended housing intervention
□ Provider (housing, shelter, or other coordinated entry agency)
□ Denial from housing program
□ Transfer Request
□ Other (explain):_____

Explain the complaint or issue (including names of persons involved and dates). Please be detailed.

What has been done to try to resolve/fix this by client/yourself, housing provider and/or others, such as mediation, case planning, etc?

What would you like to see happen from the Coordinated Entry Governing Committee? (what is the outcome you are hoping for?)

If a *transfer request*, what circumstances have changed that prompted the transfer request? Include the current housing type that you/your household is currently in (funder, name of program, etc.).

If a *transfer request,* how is a transfer going to improve your situation and/or what types of services/support would be needed from a new program?

If a *transfer request,* has a new program been identified? If a new program has been identified, please provide the housing provider name and program. If no program has been identified, please write N/A.

Signature of client (or staff member if grievance is a staff/agency complaint)

Date: _____

Please email this completed form to admin@echowtx.org with the subject line "TRACE".
You can also mail this form to:

EchoWTX
Attn: TRACE
PO Box 64488
Lubbock, TX 79464