

Complaint/Grievance Form

To make a complaint/file a grievance regarding the NC-506 Continuum of Care and/or specific provider, complete this form. Your complaint/grievance will be investigated and reviewed by the Tri-HIC Monitoring Committee. Findings related to your complaint may be referred to the CoC Board for action. A response will be provided within 30 days of Monitoring Committee's decision.

Name of Person Making Complaint: *(print)* _____

Date(s) issue(s) happened: _____ Where? _____

Complaint is against agency/service provider: *(give name)*

Please describe your complaint and give as many details as you can. Include information such as dates of appointments or conversations, names of people involved, names of programs. *(If more space is needed, use the back of the form or attach another piece of paper.)*

May we contact you if we have questions? *(circle one)* **YES** **NO**

If yes, what is the best way for us to contact you? *(circle one)* **Phone** **Call** **Text** **Email**

Phone Number(s) _____

Email Address _____

Alternate contact person name & number, if any: _____

I swear the information given in this complaint is true and complete to the best of my knowledge.

Signature: _____ Date: _____

This form can be submitted to the CoC Director via E-mail: jherring@capefearcog.org or sent/dropped off to our office. The address is at the bottom of this letterhead.