

RI Continuum of Care Program Participant Grievance Form

Instructions: *If you have a complaint/grievance that you would like to file regarding the RI Continuum of Care (RiCoC) and/or a specific provider, please complete the following form. The complaint/grievance will be investigated, and a response will be provided within 20 business days of the committee's decision. By completing and submitting the form, you are consenting to share information regarding your grievance with the RiCoC Planning Staff, the Grievance Committee, and the involved provider agency. Please ensure you answer each question.*

If you need help filling out this form and submitting your grievance, the RiCoC Planning Staff can assist you.

- Contact Sarah Saint Laurent, CoC Coordinator, at ssaintlaurent@rihousing.com or 401-450-1303.
- Contact Rosa Felix-Pichardo, CoC Planner, at rfelix-pichardo@rihousing.com or 401-457-1232.

Contact information:

- ❖ Name of Person Making Complaint: _____
- ❖ Please provide your contact information so that we can follow up with you.
 - Primary Phone Number (if available): _____
 - Secondary Phone Number (if available): _____
 - Email Address (if available): _____
 - Address (if available): _____
 - What is the best method to contact you? (circle):
 Phone Call Text Email Other: _____
- ❖ Do you have a support person (like a case manager or another person) that you would like us to contact? *If you list their information, you agree that we can contact them and share information about this grievance.* (circle one): YES NO
If yes, list the person's name and phone number: _____
- ❖ The grievance review process requires us to meet with you and/or your advocate or support person to discuss your grievance. What is your meeting preference, in-person or virtual?
 In person Virtual
If you prefer to meet in person, what is your preferred meeting location?

5. Where are you staying currently? Are you still in the program your grievance is against?

By signing and submitting this grievance form, you are granting the Grievance Committee the right to discuss the information you have shared in this form with the provider agency for the purpose of investigating this grievance.

Signature of Person Making Complaint: _____ Date: _____

This form can be submitted **through email** to the RICoC Coordinator and Planner. If you are unable to email it, please contact the RICoC Coordinator and Planner for support.

Email to: ssaintlaurent@rihousing.com
and rfelix-pichardo@rihousing.com