

Rhode Island Continuum of Care Grievance Policy & Procedure

Prepared by RICOc Grievance Committee
Approved by RICOc Board on June 5, 2025

Grievance Policy:

All households served by agencies within the RI Continuum of Care (CoC) have the right to file a complaint or grievance if they feel their rights have been violated by a CoC funded program or agency. The RICOc maintains an agency grievance procedure to ensure that all program participant complaints are addressed quickly and in an unbiased manner.

This process is in place for when a grievance cannot be resolved through the specific program/agency's formal grievance process. All grievance claims will be submitted to the RICOc Grievance Committee for review and investigation. Grievance responses are given within 20 days of the Grievance Committee's decision. Any agency/program named in a formal grievance complaint will not participate in the review or investigation process.

The Grievance Committee will meet quarterly on regularly scheduled days and times. Ad hoc meetings may be called if a grievance is presented to ensure grievances are addressed within the timeline outlined below. Ad hoc meetings will be coordinated by the Chair of the Grievance Committee and the Collaborative Applicant as needed. Every effort will be made to provide at least one week's notice of the meeting to all who have filed grievances.

Grievance Committee deliberations will be confidential, and reports will be shared only with the person filing the grievance and the agency involved except as outlined in the Anti-Retaliation Policy

The Grievance Committee will report to the RI Continuum of Care Board of Directors quarterly on the aggregate number of grievances reviewed and any recommendations on policy and procedure resulting from grievances.

The Grievance Committee is the final authority for grievances within Rhode Island for CoC funded projects.

Anti-Retaliation Policy

The RICOc provides agencies and program participants who wish to file a grievance the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the program participant, or breach of contract.

The RICOc will take immediate steps to stop retaliation and prevent its recurrence. These steps will include, but are not limited to technical assistance, implementation of a corrective action plan, written report of grievance(s) and retaliation to program funder(s) The CoC will request supporting documentation from the alleged victim of retaliation to substantiate all claims.

Procedure for filing a grievance:

1. The first step of the grievance process is for the program participant or their advocate to file a grievance with the agency involved. The program participant or their advocate should contact the homeless service provider agency for their Grievance policy and form. All CoC-funded programs are required to have a Grievance policy and a procedure for handling grievances.
2. If the grievance is not resolved through the agency's formal grievance process or if the participant is not satisfied with the outcome, the program participant or their advocate may then pursue a grievance with the CoC Grievance Committee. The grievance must be made with the CoC Grievance Committee within 60 days after the agency resolution is made.
3. The program participant or their advocate completes the CoC Grievance form and submits it to the CoC Planning Staff. The Grievance Form can be found below (on page 4).
4. The RICoC Planning Staff will review the grievance form and refer it to the Grievance Committee.
5. The Grievance Committee will set up a meeting with the program participant(s) or their advocate and the agency to collect their testimony and any additional information. The committee may decide to hold separate meetings with the program participant and the agency. Committee members will then review the following records:
 - a. Provider agency's Grievance/Complaint Form (Completed by participant/advocate)
 - b. Provider agency's response/resolution (Completed by the Agency)
 - c. Provider agency's program policies and procedures
 - d. Any other supporting documentation requested to support the grievance – this could include emails, eye-witness statements, etc.
6. Based on the information provided above, the committee will consider the submitted grievance and make a final decision on the course of action to be taken. The committee may choose to uphold or override previous decisions. The committee will notify you of the decision and ensure that their resolution is carried out.

Grievance Timeline:

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| 1. Grievance is handled internally within an agency | (Timeframe varies by agency) |
| 2. If the agency solution is unsatisfactory to the program participant or there is no response, the program participant may file a grievance with the CoC Grievance Committee. The RICoC Planning Staff will review the grievance form and refer it to the Grievance Committee. If the program participant cannot submit a grievance to the Grievance Committee within 60 days after the agency resolution is made, the committee can offer extensions in extenuating circumstances. | (Within 60 Days after agency resolution is made) |

Frequently Asked Questions:

1. What is a Grievance?

A Grievance is a formal complaint or allegation against a provider agency funded by the Continuum of Care and/or any staff member and/or volunteer associated with such a provider agency.

2. Who is on the Grievance Committee?

The Grievance Committee has the final authority for grievances within the Rhode Island CoC. All grievances will be reviewed by the CoC Grievance Review Subcommittee. The review subcommittee is made up of at least three members selected by the Grievance Committee. Members may include:

- A person who is currently or formerly homeless and one alternate person for this position. The individual(s) with lived experience of homelessness in the review subcommittee may or may not be a member of the RICoC's Constituent Advisory Committee.
- A person who is a member of the Rhode Island Continuum of Care who is **not** affiliated with the provider agency that is the subject of the complaint and one alternate for this position; and
- A person who is a member of the Rhode Island Continuum of Care who does **not** represent a provider agency and who shall be the Chairperson of the Grievance Committee.

3. Do complainants have to appear before the Grievance Committee?

Ideally, yes, but it is not required.

4. May complainants have witnesses?

You may have witnesses as appropriate and deemed necessary.

5. Can complainants have an advocate?

Yes. At any time during the process, you may use an advocate or a support person.

6. Is there a time limit for bringing a grievance to the Grievance Committee?

Yes. Before filing a grievance with the Grievance Committee, you should first try to resolve the problem using the provider agency's internal process for addressing complaints and issues. If you go through your provider agency's process and are not happy with the outcome, you have 60 days after receiving that resolution to file a grievance with the RICoC Grievance Committee.

Note: Repeated failure to provide essential information and/or generally pursue the Grievance will indicate that you no longer wish to follow up on it, and your grievance will be closed.

**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? If you prefer to meet in person what is your preferred meeting location?

Please use the space below to provide information about your complaint.

1. Please list BOTH the agency name **and** the specific program your grievance is against. If you do not know the program name but know the program type (e.g., Permanent Supportive Housing, Rapid Rehousing, etc.), please list that.

Agency: _____

Program: _____

2. Have you filed a grievance directly with the agency already? (circle one): YES NO

Note: If you have not acted with the agency, please do so before pursuing this process at the CoC Level (unless you fear retaliation).

- a. If NO, please explain: _____

If you answered yes to question 2, please answer the following questions:

- b. Please list the date when the complaint was made with the agency: _____
- c. What was the outcome of the grievance you filed with the agency? If applicable, list the date of the outcome.

3. Statement of Complaint—Please provide details of the situation and complaint, including any specific dates of occurrence and the agencies, programs, and/or staff involved. Provide any information you have not already mentioned in this form or in the documents you have submitted. (If more space is needed, please attach another sheet of paper.)

4. Desired Resolution/Response – What action do you feel the agency should have taken and what would you like to happen because of your complaint?

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 are unable to email it, please contact the RICoC Coordinator and Planner for support.

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