

Ocean County Homeless Prevention and Assistance Coalition

Grievance Policy

Executive
Committee

Nina Hagen
Ocean County Jail

Rose Bulbach
Ocean County
Department of
Human Services

Kathryn Colhoun
Ocean
Partnership for
Children

Michelle Griffith
Ocean Advisory
Board

Mark Harding
Soldier On

Kim Santora
Contact

John Tritto
Ocean County
Board of Social
Services

Person Responsible: CoC Lead Agency

Purpose: To ensure that all agencies and consumers participating in the HPAC understand their right to file a complaint or grievance regarding the provision of services or operations of the system and the process for submitting a grievance to HPAC.

The Ocean County HPAC maintains a grievance procedure to ensure all complaints are addressed promptly and in an unbiased manner. Agencies should consider using this grievance procedure for the following categories of complaints:

1. Grievances against the HPAC Executive Committee, individual members of the Executive Committee or any contracted Consultants

All grievances against the HPAC Executive Committee, individual members or contracted consultants should follow the procedure for submitting a grievance. In cases where the grievance is against the Allocations Committee, the grievance will be reviewed by the Executive Committee. In this case, any members of the Allocations Committee who sit on the Executive Committee will recuse themselves from conversations regarding the grievance. If a grievance is not resolved to the satisfaction of the individual filing the grievance, an appeal can be filed with the Newark, New Jersey Office of Housing and Urban Development (HUD) office.

Any grievances regarding the CoC Lead Agency, Ocean County Department of Human Services, should follow the County's grievance process through the County Administrator.

2. Inter-agency grievances against funded providers

The HPAC expects that providers will attempt to collaborate on any inter-agency issues that arise and come to favorable resolutions for all parties. In cases where these attempts fail, agencies may file a grievance against a CoC-funded provider using the standardized process outlined below.

3. Consumer grievances

All HPAC-funded providers must have a formal written grievance procedure that is provided to all consumers at program admission. Agency grievance procedures shall be available in the language of the consumers' choice and at a third-grade literacy level. Agency grievance procedures shall include an anti-retaliation policy and outline the process for submitting grievances, including submitting appeals to the HPAC. Agencies shall collect signatures from consumers at intake that they have received the agency grievance policy. Agencies shall submit their grievance policies to the HPAC during monitoring.

All consumer grievances should begin by adhering to each agency's individual grievance procedure. If a consumer has a grievance that has not been resolved through the agency's

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grievance procedure, he/she/they may appeal to the HPAC by submitting a grievance form using the standardized process outlined below.

Procedure for Submitting a Grievance

Anyone wishing to file a grievance in any of the above-referenced categories may initiate the process in one of the following way:

- Completing a form and sending by mail or e-mail (see Appendix A)

After a grievance is filed, at least 4 members of the HPAC Executive Committee will review the grievance and determine the following:

- If the grievance is appropriate for formal review by the Executive Committee or if it should be referred to a different Committee.
- If additional information or supporting documentation is required to make a determination regarding the Grievance; and
- Recommendations for resolution.

The Executive Committee will ensure discussions regarding specific grievances are recorded, either in meeting minutes or via electronic communications. A representative of the Executive Committee will provide written notification of the resolution to the person who filed the grievance and the consumer advocate, if applicable, within two weeks of the submission of the grievance.

Resolutions made by the Executive Committee will be final.

Anti-Retaliation

The Ocean County HPAC provides agencies and consumers 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, refusal to provide services; use of profane or derogatory language to or about the complainant or breach of contract.

The Ocean County HPAC 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 and retaliation to program funder(s); discontinuation of CoC funding. The HPAC will request supporting documentation from the alleged victim of retaliation to substantiate all claims.

Communication

This policy will be posted on the HPAC website, along with information about how to submit

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grievances.

Allocations

Any grievances filed against funded providers will be considered during the HPAC annual allocations process. Funded providers may lose points on their applications based on the content and resolutions of filed grievances. Scoring determinations are made by the Allocations Committee.

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Appendix A: Grievance Form

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Name of person filing compliant:		Date:	
Email Address:		Phone :	
Which best describes you?	<input type="checkbox"/> Consumer <input type="checkbox"/> Funded Provider <input type="checkbox"/> Other	Explain :	
Would you like to submit this grievance anonymously? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Who are you filing a grievance against?

<input type="checkbox"/> CoC Executive Committee	
<input type="checkbox"/> CoC Executive Committee Member	Name: _____
<input type="checkbox"/> CoC Lead Agency	
<input type="checkbox"/> Contracted Consultant	
<input type="checkbox"/> Funded Provider	Name: _____
<input type="checkbox"/> Provider	Name: _____

Please provide a description of your grievance. Be as specific as possible. Include dates and supporting documentation as needed. You may attach other pages.

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If you are a consumer, did you attempt to address this complaint with the agency:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If no, why not:					
If yes, what date was the grievance first made?		Who did you file the grievance with?			
Please describe the outcome of the grievance:					
Consumer Advocate (if applicable) <i>A consumer advocate is someone who is assisting with completing this form or navigating through the grievance process such as a case manager, friend or family member.</i>					
Name:		Phone:			
Agency:		Email:			

Submit this form to: jhakim@monarchhousing.org

For help with this form, contact: jhakim@monarchhousing.org