

Central Louisiana Continuum of Care Grievance Form

If you have a complaint/grievance that you would like to file regarding the Central Louisiana Continuum of Care and/or a specific provider, please complete the below form. The complaint/grievance will be investigated and a response will be provided within 30 days with a committee's decision.

Your Name:

Specific Provider, if applicable:

When did it occur?

Statement of Complaint: *Please provide details of the situation and complaint including any of the specific dates, appointments, conversations and agencies, programs, and/or staff involved. (If more space is needed, continue to the back of the form or attach another document.*

How may we contact you?

Phone:

Mailing Address:

Email:

Other

Signature

Date

Print Name

Review Date:

Recommendation to Agency:

Return this form to the Membership & Rules Committee

Chairperson by email or mailing to:

Email: Teresa.Basco@LA.gov

Mail: Central LA Homeless Coalition

Attn: Teresa Basco

1515 Jackson St.

Alexandria, LA 71301