



Applicant Grievance Procedure

Purpose

The purpose of the grievance procedure is to settle any grievance between an Applicant Organization and the CoC as quickly as possible to assure an efficient Consolidated Grant Application process. A grievance may be filed by any Applicant Organization that claims it has been adversely affected by:

- Improper application of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
- Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
- Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Grant application process;
- Violation of rules, regulations or procedures regarding participation in the Consolidated Grant application process;
- The score or ranking order assigned.

Procedure

In order to be considered, a grievance must be filed in writing with the Coalition within three business days from the occurrence and include at least:

- A statement describing the nature of the grievance, the approximate date of the events leading to the grievance, the names of the organization or person involved, and any other information that should be considered.
- A recommendation for resolution.

The CoC Lead Agency will forward the grievance to The Executive Committee. The Executive Committee has three business days from receipt of the grievance to investigate, meet with the grievant and respond in writing.

If the Applicant Organization is not satisfied with the determination, the applicant organization may appeal to HUD according to the procedures specified in 24 CFR 578.35

Send all Applicant Organization grievances in writing to:

The Planning Council

Attn: SVHC Grievance

2115 Eltham Avenue, Suite I

Norfolk, VA 23513

www.theplanningcouncil.org

Or email:

abrandenburg@theplanningcouncil.org

SVHC Applicant Grievance Form

Date: _____

Phone: _____

Name: _____

Address: _____

Email: _____

In accordance with the SVHC Applicant Grievance Policy, I am formally submitting a grievance for the following:

REASON (please explain in detail – approximate date of the event, names of organization(s)/person(s) involved):

RECOMMENDED RESOLUTION (please explain your suggestion to resolve the grievance/what action you would like to see):

Agency Representative Signature: _____

Submit Form to:

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