

COMPLAINT POLICY AND PROCEDURE

Healthy Homes Coalition of West Michigan

Applicability

The following policy applies to service recipients and applicants for programs funded by the U.S. Department of Housing and Urban Development (HUD) who feel they have been denied access to, or limited in their participation in the program. HUD programs are provided through direct services of the City Community Development Department and other City Departments, and through contractual relationships with nonprofit and for-profit organizations. The policy provides a procedure for hearing and resolving complaints to the satisfaction of all parties involved.

Subject of Complaints

Complaints regarding the quality of services, manner or timeliness of service delivery, and denial of services under HUD-funded programs and projects are eligible for consideration under this policy.

Note:

- Complaints regarding employment at the Healthy Homes Coalition of West Michigan will be handled according to the Healthy Homes Coalition of West Michigan personnel policies.
- Complaints regarding issues not related to HUD funded programs at the Healthy Homes Coalition of West Michigan will be handled according to the Healthy Homes Coalition of West Michigan policies.

Notice and Availability of Policy

Citizens are encouraged to contact staff persons of the Healthy Homes Coalition of West Michigan before escalating complaints to the City Community Development Department. A copy of the complaint policy and procedures for the Healthy Homes Coalition of West Michigan is available upon request by calling (616) 241-3300. A notice is also posted in the main office at 1545 Buchanan Ave SW Ste #2, Grand Rapids MI 49507 and online at www.HealthyHomesCoalition.org.

Procedures for Complaints

Staff person(s) responsible for administering the HUD-funded program shall make initial efforts to resolve any complaints. The following steps shall be followed if initial efforts are unsuccessful:

1. A written complaint shall be registered using a Complaint Intake Form or other written correspondence. Persons who need assistance submitting a written complaint because of language or similar barriers may call us at (616) 241-3300 for assistance.

Written complaints regarding direct services provided by the Healthy Homes Coalition of West Michigan should be addressed to:

**Executive Director
Healthy Homes Coalition of West Michigan
1545 Buchanan Ave SW Ste #2
Grand Rapids MI 49507**

A written response shall be provided to written complaints within fifteen (15) business days of receipt unless otherwise indicated. A copy of the complaint and the response will be retained in the Healthy Homes Coalition of West Michigan Complaint File.

2. A complainant who is not satisfied with the response above may request reconsideration of the complaint from the City's Program Contract Administrator. The complainant will be provided with the name and phone number of the City's Program Contract Administrator. The City's Program Contract Administrator will resolve the complaint according to the City's Complaint Procedures Policy.

Complaints remaining unresolved following submission to the City may be submitted to the U.S. Department of Housing and Urban Development (HUD), Detroit Office, CPD Division, McNamara Federal Building, 477 Michigan Avenue, Detroit, MI 48226.

Complainants may elect to submit a written complaint to HUD at any point in the process, but are encouraged to pursue local remedies first.

Records

A record of all written complaints and subsequent responses are maintained for at least four (4) years at the offices of the Healthy Homes Coalition of West Michigan located at 1545 Buchanan Ave SW, Grand Rapids MI 49507. Records of complaints regarding a HUD-funded program may be reviewed by representatives of the City of Grand Rapids and HUD at any time upon request.

Certification

I hereby certify that the above resolution was presented to and approved by the Board of Directors of the Corporation at its meeting on the 1st day of December, 2016.

Name of Authorized Official: Barbara Meconis

Signature

Title of Authorized Official: President

Date

Attachments to this Policy and Procedure: Complaint Intake Form

COMPLAINT INTAKE FORM

Date: _____ Program/Subject: _____

Name of complainant: _____

Mailing address: _____

Daytime Phone: _____

Name of person completing form: _____

Description of complaint:

Use additional paper if necessary.

Signature of person submitting complaint: _____

Complaint forwarded to: _____ Date: _____