



Grievance/Complaint/Appeal Form

This form should be used by clients who wish to appeal a decision made by CCAP to terminate or deny services. This form may also be used for any formal complaint or grievance client's wish to make about CCAP services or regarding a CCAP staff member.

This form may be submitted in-person or by email to **Jason Hosenev**, Director of Housing & Community Services at **jasonh@coastalcap.org**. You may also call the Director of Housing & Community Services at **360-589-9094** to request an appointment to discuss your appeal or complaint.

Client Name: _____

Case Manager: _____

Email: _____

Phone: _____

Address: _____

City: _____

County: _____

My complaint or appeal is: (Please be specific and provide as much information as possible). If you are appealing a decision to terminate or deny services, please state the reason given to terminate or deny services, state whether the reason is accurate and, if so, how you plan to address the reason for your termination or denial of services in the future.



This is what I think should be done to resolve this issue:

Please attach any backup documentation (e.g., pictures, receipts, witness statements, etc.)

Client Name: _____

Client Signature: _____

Date: _____

Date Received by Director: _____



A copy of this grievance/complaint form should be retained in the client's file and a copy should be given to the client upon receipt. Prompt written notice of the final decision to the program participant. Final decisions will be communicated to the program participant and case manager within 72 hours.