



# Grievance and Appeal Form

Effective Date: April 22, 2024

**Grievance:** Anyone who is concerned that a consumer’s safety, wellbeing, quality of care, or civil rights have been violated has a right to file a grievance. This includes, but is not limited to, consumers of services; applicants for services; family members; service providers; or community agencies.

**Appeal:** Anyone who disagrees with a decision related to a sit out, a grievance or a first level appeal.

<b>Name and Date of Person Submitting:</b>	Print Name and Date	<b>Circle one:</b>	
		<b>Grievance</b>	<b>Appeal</b>

<b>How would you like to be contacted?</b>	Provide address, phone, or if you want to pick up response. If none are listed, a response letter will be dropped off at the Community Mail room.

<b>Name and Date of Person Assisting</b>	Print Name, Date, and Agency
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<b>Identify Program of Concern:</b>	Nevada Cares Campus <input type="checkbox"/>	Our Place <input type="checkbox"/>	Regional Location or Other <input type="checkbox"/>
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### Where and How to Submit Grievance/Appeal Form

Any program Grievance and/or Appeal can be mailed to:

**170 S. Virginia Street, Suite 201**

**Reno, NV 89501**

or

Email: [RegionalHomelessServices@washoecounty.gov](mailto:RegionalHomelessServices@washoecounty.gov)

NEVADA CARES CAMPUS	OUR PLACE	REGIONAL LOCATION OR OTHER
<ul style="list-style-type: none"> <li>Welcome/Intake Center</li> <li>Cares Campus Case Management Offices</li> <li>Safe Camp Office</li> <li>Emergency Shelter dorms</li> <li>Provide to County or Operator Staff</li> </ul>	<ul style="list-style-type: none"> <li>Welcome/Intake Center at Our Place</li> <li>Our Place Case Management Offices</li> <li>Provide to County or Operator Staff</li> </ul>	170 S. Virginia Street, Suite 201 <b>Reno, NV 89501</b> or Email: <a href="mailto:RegionalHomelessServices@washoecounty.gov">RegionalHomelessServices@washoecounty.gov</a>

### TO BE COMPLETED BY STAFF ONLY

<b>Staff Name Who Received Form:</b>	Print Name	<b>Date Form Received</b>	
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### Provide Details of Grievance or Appeal

<b>Date of Issue:</b>		<b>Time of Issue:</b>	
<b>Location of Issue:</b>		<b>Name(s) of people involved:</b>	
<b>Witness Name(s):</b>			

### Summary of Grievance or Decision being Appealed (more space on back)



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## Summary of Grievance or Decision being Appealed (additional space)

## Suggested Solution by Person Submitting Form

### THIS SECTION TO BE COMPLETED BY STAFF

#### Decision by Reviewers

**Grievances** will be reviewed within three (3) business days of being received, and a response will be provided in writing within 10 calendar days.

**Appeals** will be reviewed within one business day of being received, and a response will be provided in writing within four (4) calendar days from decision date by Review Committee.

### Submitter Signature (if applicable/available) for receipt of Decision

Signature of Person Submitting:  
(If available)

Print Name:

Sign:

Date:

### FOR WASHOE COUNTY USE ONLY

Washoe County Staff Reviewed:

Print Name:

Sign:

Date:



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