

CCHA Coordinated Entry Complaint Form

Your name: _____

Mailing Address:

Phone:

Do you have voicemail and is it ok for us to leave you a voicemail (circle one)? Yes No

E-Mail:

Who else can we call if we cannot reach you?

Contact Name: _____

Organization (if applicable):

Telephone number:

What happened? Were you refused the opportunity to participate in coordinated entry? Were you discriminated against? Treated differently from others? State brief what happened.

Who was involved in what happened? What agencies? What people?

When did this happen? If it occurred over a period of time, state the start and end dates.

Is there anyone else who saw or heard what happened that we can contact for more information?

Name of witness:

Contact information:

For CoC use:

Date the complaint was received: _____

Received by: _____

Disposition of complaint: