

ATTACHMENT K: GRIEVANCE APPEAL FORM

Texas Homeless Network Texas Balance of State Continuum of Care

Program Year 2019 ESG Local Competition

*Grievance Appeal Form*

**Applicant Organization Information**

*Applicant Organization Name:*

*Applicant Organization Address:*

*Applicant Organization's Phone Number:*

**Applicant Representative Information**

*Applicant Representative Name:*

*Representative's Job Title:*

*Applicant Representative's Email:*

**Grievance Request**

We, \_\_\_\_\_ have received a response to our organization's grievance from the CoC Director (or designated staff person, in his/her absence) on

because this answer is unacceptable to us, we wish to file a formal grievance appeal.

**Please Provide The Nature of grievance appeal (Use as many pages as necessary)**

*Explain how your organization was unfairly treated, including names and dates, and cite the specific applicable sections of the Application Submission Procedure Manual.*

**Please Provide a Just & Fair Resolution to the grievance appeal (Use as many pages as necessary.)**

believe a just and fair resolution of our grievance appeal is:

*Date:*

*Print:*

*Signature:*