**Heading Home St. Louis County Governance Board – Coordinated Entry**

**CLIENT GRIEVANCE FORM**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_
3. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Describe the nature of your complaint against the Coordinated Entry System:

(Continue on another sheet if needed):

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1. How do you think your problem could have been better handled? (continue on another sheet if needed):

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1. Who have you talked with about this complaint? (Please include names and dates):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been given a copy of the Coordinated Entry Grievance Process?

\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_ NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit, along with this complaint form, any relevant materials regarding your complaint. You will be notified of a response to this grievance.

Mail form to either:

Duluth HRA Legal Aid Service of NE MN

Attn: Kate Bradley Attn: Heather Lindula

222 E. Second Street 820 North 9th Street, Suite 200  
P.O. Box 16900 Virginia, MN 55792  
Duluth, MN 55816