

**TX-700 THE WAY HOME COC
COMPLAINT / CONCERN SUBMISSION FORM**

(Non-Participant / Operational / Compliance Concerns)

PURPOSE

This form is used to submit written concerns related to Continuum of Care (CoC) operations, Coordinated Access/Entry, HMIS data integrity, program compliance, or system-level service delivery issues raised by individuals who are not participants or clients in TX-700 The Way Home CoC Services/Housing or Coordinated Access/Entry programs.

Submission of this form allows the Coalition for the Homeless of Houston/Harris County (CFTH), as the CoC Lead Agency, to acknowledge receipt of the concern and determine the appropriate internal review or referral process, if any.

Submission of a complaint does not guarantee investigation, corrective action, or a substantive response, and does not replace any applicable employer, provider, contractual, legal, or funder processes.

COMPLAINANT INFORMATION

(Optional, unless required for follow-up)

Name: _____

Organization / Affiliation (if applicable): _____

Email Address: _____

Phone Number: _____

NATURE OF CONCERN

Please check all that apply:

- Coordinated Entry / Access to Services
- Program Operations or Service Delivery
- HMIS Data Integrity / Unit Tracking
- Financial Controls / Payments / Landlord Arrangements
- Compliance with CoC or HUD Requirements
- Other (please describe): _____

DESCRIPTION OF CONCERN

Please provide a clear and factual description of the concern, including relevant dates, locations, programs, and parties involved. Attach additional pages or documentation if needed.

DOCUMENTATION (OPTIONAL)

Please list and/or attach any documentation you wish to submit in support of this concern:

ACKNOWLEDGMENT

By submitting this form, I acknowledge and understand that:

- This submission is not a participant/client grievance under the TX-700 The Way Home CoC Grievance Policy for Services/Housing or Coordinated Access/Entry participants.
- CFTH will review this submission to determine whether and how it will be addressed, consistent with CoC governance, HUD requirements, and applicable policies.
- Submission of this form does not create a right to an investigation, appeal, or specific outcome.

Signature (optional): _____

Date: _____

INTERNAL USE (CFTH ONLY)

Date Received: _____

Reviewed By: _____

Routing Determination:

- Steering Committee
- Compliance
- Legal Counsel
- Program Review- HRS Planning and Performance
- Referred to Provider / Funder
- No Further Action

Notes: _____