



Essential Services Grievance/Appeal/Fair Hearing Process and Forms

Housing • Energy • Water • SSVF • Weatherization

1855 Thomas Ave. Coos Bay Oregon, 97420 • (541) 435-7080 • WWW.ORCCA.US

Contents

PURPOSE OF THIS DOCUMENT	3
COMPLAINT/GRIEVANCE/APPEALS PROCCES	4
CLIENT COMPLAINT/GRIEVANCE FORM.....	6
VERIFICATION/INVESTIGATION OF GRIEVANCE FORM	7
DENIAL/MODIFICATION/TERMINATION OF SERVICES APPEAL FORM	8
APPEALS REVIEW FORM	9
STANDARD HEARING PROCEDURES	10

PURPOSE OF THIS DOCUMENT

To provide clear written termination, denial, and grievance policies and procedures. These policies and procedures should be readily available to program participants either at intake or by posting the policy in a public place. It is important to effectively communicate these policies and procedures to applicants/clients and ensure they are fully understood.

ORCCA provides, as required, written notice to applicants/clients when

- Client is denied program assistance; or
- when a decision is made to limit, reduce or modify benefits; or
- assistance is terminated.

These notices include the specific reason(s) for the denial/termination/modification and identify the steps to appeal the subgrantee's and subrecipient's decision.

Participants/applicants may contest any decision made by ORCCA that denies (for any reason) or limits eligibility of participant/applicant and/or terminates or modifies any benefits a Participant/applicants has requested or is currently receiving.

Participants/applicants have 30 days to request an administrative review of denial, limited eligibility or termination/modification of services.

Upon a request to file a complaint, grievance, or appeal an Oregon Coast Community Action a manager/coordinator/director will begin the Complain/Grievance or Appeals Process.

Please contact the Program Coordinator at 541-435-7080 x 343 or via housing@orcca.us to request reasonable accommodations. Advance notice may be necessary to arrange reasonable accessibility needs.

COMPLAINT/GRIEVANCE/APPEALS PROCCCESS

- I. Client makes complaint verbally, requests to file a complaint or wants to appeal a denial for services or modification/termination of services.

- II. Employee provides the appropriate information/documentation as outlined below:
 - a. Informs the applicant/participant of their right to present written or oral objections before a person other than the person (or a subordinate of that person) who they have a complaint with or who approved a denial for services or modification/termination of services.
 - b. Informs the participant/applicant that they may contest any decision that denies (for any reason) or limits eligibility of participant/applicant and/or terminates or modifies any benefits.
 - c. Provides the client a copy of the appropriate form
 - i. COMPLAINT/GRIEVANCE FORM
 - ii. DENIAL/MODIFICATION/TERMINATION APPEALS FORM
 - d. Informs the client has 30 days from date of issued denial letter or date of “event” to request administrative review.
 - e. Informs the applicant/participant and OHCS in writing of the final determination and basis for the decision within 10 days of resolution/determination.

- III. Upon Receipt of Complaint/Grievance/Appeals Form(s) from the Client – Employee:
 - a. Completes verification/investigation of complaint/appeal using the appropriate Form
 - i. VERIFICATION/INVESTIGATION OF GRIEVANCE FORM
 - ii. APPEALS REVIEW FORM
 - b. Meets with Program Director and/or Executive Director to discuss process and reason of complaint and outcome(s).
 - c. Client is informed of final resolution/outcome



- IV. If Client is still denied services:
 - a. A letter is sent to the client discussing reason for outcome and the following is sent to the Client:
 - b. Right to a Fair Hearing Form (10-day form for other than LIEAP/OEA) – English or Spanish
 - c. Request for a Hearing Form

- V. Upon Receipt of Hearing Form – the Standard Hearing Procedures are followed. (See Attached)

CLIENT COMPLAINT/GRIEVANCE FORM

PLEASE PRINT

Name_____ Email Address_____

Address_____ Telephone #_____

City:_____ State:_____ ZIP:_____

Department/Component Grievance/Complaint Pertains To

- Housing Programs
- Emergency Rental Assistance
- Parkwest Apartments
- Deer Springs Apartments
- Weatherization
- Energy/Water Assistance
- Other

NATURE OF COMPLAINT: Explain briefly, in your own words, the nature of your complaint. Be specific – who, what, where, when. If appealing a denial, modification or discontinuation of services please include that in your explanation. (Please use back if necessary.)

Once submitted Oregon Coast Community Action will return a copy of this form for your reference.

VERIFICATION/INVESTIGATION OF GRIEVANCE FORM

Action on this complaint must be taken within five days of receipt

OHCS must be notified within 10 days of initial complaint

OHCS must be notified, in written format within, 10 days of resolution/determination

NAME OF INDIVIDUAL FILING GRIEVANCE

DATE GRIEVANCE RECEIVED

EMPLOYEE REVIEWING GRIEVANCE

DATE REVIEWED BY EMPLOYEE

STEPS PREVIOUSLY TAKEN TO RESOLVE COMPLAINT/CONCERN: _____

ACTION TAKEN: _____

ADDITIONAL COMMENTS: _____

SIGNATURE OF EXECUTIVE DIRECTOR OR DESIGNEE

DATE

_____ DATE OHCS NOTIFIED OF COMPLAINT	_____ NOTIFIED BY
_____ DATE OHCS NOTIFIED OF COMPLAINT RESOLUTION	_____ NOTIFIED BY

DENIAL/MODIFICATION/TERMINATION OF SERVICES APPEAL FORM

PLEASE PRINT

Name _____ Email Address _____

Address _____ Telephone # _____

City: _____ State: _____ ZIP: _____

Department/Component Grievance/Complaint Pertains To

- Housing Programs
- Emergency Rental Assistance
- Parkwest Apartments
- Deer Springs Apartments
- Weatherization
- Energy/Water Assistance
- Other

NATURE OF APPEAL: Explain briefly, in your own words, the nature of your APPEAL. (Please use back if necessary.)

Once submitted Oregon Coast Community Action will return a copy of this form for your reference.

Action on this appeal must be taken within five days of receipt

OHCS must be notified within 10 days of initial appeal

OHCS must be notified, in written format within, 10 days of resolution/determination

APPEALS REVIEW FORM

NAME OF INDIVIDUAL FILING APPEAL

DATE APPEAL RECEIVED

EMPLOYEE REVIEWING APPEAL

DATE REVIEWED BY EMPLOYEE

STEPS PREVIOUSLY TAKEN TO RESOLVE COMPLAINT/CONCERN: _____

ACTION TAKEN: _____

ADDITIONAL COMMENTS: _____

SIGNATURE OF EXECUTIVE DIRECTOR OR DESIGNEE

DATE

DATE OHCS NOTIFIED OF APPEAL

NOTIFIED BY

DATE OHCS NOTIFIED OF APPEAL RESOLUTION

NOTIFIED BY

STANDARD HEARING PROCEDURES

- I. Following the investigation of a complaint/grievance or denial/modification/termination of services clients are provided with their written determination of their complaint/grievance or appeal the information on requesting a hearing to further investigate their appeal should they want to request further investigation.
- II. The client has ten (30) days from the date of their written determination of their complaint/grievance or appeal to submit a written request for a hearing before the Executive Director or the Appointed Designee.
- III. Upon receiving the written request for a hearing, the Executive Director or the Appointed Designee will schedule a hearing within then (10) days of the request.
- IV. The hearing will be informal.
- V. The Executive Director or the Appointed Designee has discretion as to how the evidence is submitted and in which order testimony is taken.
- VI. The client has the specific rights to
 - a) A representative at the hearing
 - b) Present notarized written and oral statements, and other evidence
 - c) Bring witnesses and cross-examine.
 - d) To bring an interpreter to the hearing or have one provided.
- VII. The Executive Director or the Appointed Designee will issue a decision within ten (10) working days. The decision will state the issue, the finding of fact, and a conclusion as supported by the facts. The decision will be mailed to the client by certified mail; and emailed to OHCS
- VIII. If the claimant is dissatisfied by the decision, he/she has the right to have the decision appealed to the Executive Committee of Oregon Coast Community Action Board of Directors. This must be done within ten (10) days after the date the decision was received.



- X. The Executive Committee will schedule a hearing within then (10) days after the receipt of the hearing request.
- XI. The hearing will be held DE NOVO, that is, the Executive Committee will hear the issue without consideration of the previous decision. They will determine the order in which testimony and documents are submitted. All documents will be given to the Executive Committee for consideration. This hearing will be tape recorded to provide a record of the proceedings.
- XII. The Executive Committee will render a written decision within ten (10) days that includes the issue, the finding of facts, and a conclusion. The Executive Committee may affirm the Executive's Director's or the Appointed Designee's decision without comment. The decision will be mailed to the client by certified mail; and emailed to OHCS

REQUEST FOR A HEARING BEFORE THE EXECUTIVE DIRECTOR

PLEASE PRINT

DATE OF HEARING DECISION _____

Name _____ Email Address _____

Address _____ Telephone # _____

City: _____ State: _____ ZIP: _____

Service(s) denied: _____

Briefly, in your own words, please explain why you feel that you are eligible for the above services:

.....

DO NOT WIUTE BELOW THIS LINE -USE OTHER SIDE IF NECESSARY

DATE DENIED _____ REQUEST FILKED TIMELY ____YES ____NO

PROGRAM DIRECTOR SIGNATURE

DATE SIGNED

EXECUTIVE DIRECTOR SIGNATURE

DATE SIGNED

NOTICE OF HEARING DECISION

IN THE MATTER OF:

VS.

OREGON COAST COMMUNITY ACTION (ORCCA)

AFTER A TIMELY REQUEST FOR A HEARING WAS FILED WITH THE UNDERSIGNED, A HEARING WAS HELD ON _____, IN COOS BAY, OREGON. PRESENT WERE _____ REPRESENTING ORCCA AND THE CLAIMANT WHO WAS REPRESENTED BY _____

ISSUE: WHETHER OR NOT THE CLAIMANT WAS DENIED SERVICES BY THE PROGRAM IN A FAIR AND JUST MANNER.

FINDINGS OF FACT:

I.

II.

III.

CONCLUSION:

DECISION:

EXECUTIVE DIRECTOR SIGNATURE

DATE SIGNED