



City of Spokane

Housing & Homeless Services (HHS)

Grievance/Complaint Procedure

Purpose

This policy establishes Complaint procedure requirements and a standardized process for receiving, documenting, resolving, and escalating Complaints related to HHS administered programs.

This policy is implemented in alignment with the [City of Spokane HHOS Guidelines \(2025-2030\)](#), which serve as the foundational framework for program operations, eligibility, documentation, and compliance expectations.

It ensures compliance with Washington State Department of Commerce (CHG) and HUD (CoC and ESG) requirements.

The following outlines the minimum requirements for a Complaint procedure that all subrecipients must implement to ensure a fair and accessible process.

This procedure serves as both an internal framework for HHS in the oversight and administration of Complaint processes and as the baseline standard that all subrecipients are required to adopt and implement. Subrecipients may establish additional procedures beyond this framework; however, all elements outlined herein, at minimum, must be incorporated into agency practices.

Non-Discrimination

The City of Spokane does not discriminate based on race, ethnicity, national origin, religion, age, disability, sex, gender identity, sexual orientation, or familial status.

Scope & Relationship to HHOS Guidelines

Applies to subrecipients, contractors, and all funded programs including CHG, ESG, CoC, HOME, CDBG, and local funds. Further, this policy applies in conjunction with HHOS Guidelines and does not replace program specific regulatory requirements.

HHS maintains a unified Complaint process across all funding sources. Where requirements differ, HHS applies the most restrictive applicable standard, if applicable.

As Collaborative Applicant and HMIS Lead, the City establishes this as the governing framework for Complaint resolution across the system of care.

The HHOS Guidelines establish baseline expectations for:

1. Program eligibility and documentation
2. Services delivery standards
3. Provider compliance and monitoring

This policy operationalizes how concerns or violations of those expectations are identified, documented, and escalated.

Complaints may directly inform monitoring outcomes, including concerns, findings, and repayment determinations as defined in the HHS or CoC [Reallocation Policy](#).

Definitions

- ✓ **Complaint:** Concern regarding program operations, services, conduct, or use of funds; may also be referred to as a “Complaint”.
- ✓ **Elevated Complaint:** Requires escalation to Commerce or other oversight bodies.
- ✓ **Subrecipient:** Entity receiving HHS administered funding.
- ✓ **Complainant:** Person submitting Complaint.

Subrecipient Complaint Procedure Requirements

The following outlines the minimum requirements subrecipients must implement in their Complaint Procedure process to ensure it's fair and accessible:

I. Written Complaint Procedure

The Complaint Procedure must be in written form using plain talk language and must include the following:

- ✓ Detail how to submit a Complaint, including how to request translation services or other accommodations and assistance needed to submit the Complaint.
 - ★ **NOTE:** The submission process must allow for submission of anonymous Complaints. Complaints submitted using an alias must be identified as such for records purposes.
- ✓ List the contact information for who is responsible for handling Complaints, timelines (including expected follow up response times), and a description of how Complaints will be addressed by the subrecipient.
- ✓ Explain how to escalate the Complaint for external review if the issue has been unsatisfactorily resolved with subrecipient, or if the person fears retaliation, including how to escalate the Complaint to:
 1. The City of Spokane HHS Department
 2. Commerce via the CHG Program Manager or Commerce's Quality Assurance Manager
 3. HUD via their website:
<https://www.hud.gov/contactus#ReportIssue>

The Complaint Procedure must be clearly posted in a visible, public location at the subrecipient's place of service and available on the subrecipient's website (if they have one). Additionally, the subrecipient must provide the Complaint Procedure to:

- ✓ **Households seeking or receiving services** – subrecipients must discuss/verbalize the procedure at intake and provide a copy of the procedure within all materials, such as client handbooks and signatory paperwork.
- ✓ **Staff & Volunteers upon hiring** – subrecipients must discuss/verbalize the procedure during onboarding for new staff and volunteers and provide a copy of the procedure within all materials, such as employee handbooks and onboarding paperwork.
- ✓ **The Public upon request**

II. Subrecipient Responsibilities

Subrecipients are the first line of response and are expected to maintain clear, accessible Complaint procedures for program participants, staff, volunteers, and the public. Before escalating Complaints to HHS or the funder, the subrecipient is responsible for attempting to resolve Complaints first by following the Complaint procedure process in a timely and good faith effort.

As part of the Complaint procedure process, subrecipients are required to document all Complaints and actions taken by maintaining a Complaint log. The Complaint log will indicate the Complaint and actions taken to resolve the Complaint. The Complaint log may be reviewed at monitoring or upon request by HHS or Commerce.

Subrecipients are required to notify HHS within two (2) business days when Complaint involves elevated risk, including:

- Health or safety concerns
- Allegations of fraud, waste, or misuse of funds
- Discrimination or civil rights violations
- Serious staff misconduct

Failure to notify HHS or adequately respond to Complaints may result in monitoring action, including findings or corrective action requirements.

HHS Complaint Procedure

I. Submitting a Complaint to HHS

Households seeking or receiving services, staff, volunteers, and the public can submit Complaints to the City of Spokane HHS Department in multiple ways:

- Via email to HHSGrievances@spokanecity.org
- By completing the form available on the [HHS website](#)

Complainants can submit Complaints anonymously. Complaints submitted using an alias must be identified as such for records purposes.

Complaint examples may include:

- Appeals of decisions made by the provider
- Denial of services
- Mistreatment

II. HHS Complaint Intake

All Complaints, regardless of source or delivery, must be treated as actionable and documented consistently. All documents, communications, and emails pertaining to the complaint should be saved in a NEW folder under HHS Share Point > _CHHS Drive Folder > _CHHS Department Wide > Complaints & Grievances. The HHS Complaint Tracking Log is also found in the Complaints & Grievances folder.

When a Complaint is received, HHS staff are responsible for ensuring that the concern is formally captured in the centralized Complaint Tracking Log within two (2) business days. Complaints may be received verbally, in writing, through email, or via third parties (including providers), and no Complaint should be dismissed due to format or perceived severity at intake.

At minimum, an intake must include:

- ✓ Date received

- ✓ Source of Complaint (client, provider, staff, public)
- ✓ Program and provider involved (if applicable)
- ✓ Summary of the issue

Once logged, the Complaint must be assigned to an HHS staff member responsible for follow-up. Intake should align with HHOS documentation expectations, ensuring that records are sufficient to support future monitoring, audit, or enforcement actions.

II. HHS Complaint Review Process

Once a Complaint is received and logged, HHS will initiate a structured review process to determine the appropriate course of action:

1. Conduct an Initial Assessment (within three (3) business days of being assigned to a Complaint):

Assigned HHS staff will evaluate:

- ✓ Severity of the issue
- ✓ The credibility of the Complaint
- ✓ Whether immediate intervention is required

2. Local Resolution Attempt:

For Complaints that do not require immediate escalation, HHS will engage the provider to:

1. Notify them of the Complaint
2. Request a response and proposed corrective action
3. Establish a response timeline (3-5 business days)

HHS staff are responsible for actively managing this process and not passively waiting for a provider's response. At maximum, HHS will strive for completion of all Complaints within 14-business days, unless and due to the complexity of the Complaint, more time is warranted. If more than 14-days is required to come to a resolution, HHS will communicate this to the complainant.

3. Make a Determination:

Following review by HHS staff:

- **If Complaint is resolved** – HHS staff will document the outcome in the central tracking log, notify the complainant and/or the subrecipient, and close the case.
- **If Complaint is unresolved or high-risk** – HHS staff will escalate the case pursuant to Sections III-IV below.

III. Severity Tiers

To ensure consistency, all Complaints will be categorized into one of three severity tiers:

- **Tier 1 - Low Severity**

These include minor service concerns or isolated issues that do not indicate broader program failure.

✓ **Action** → *Document and track trends. No immediate corrective action required unless patterns emerge.*

- **Tier 2 - Moderate Severity**

These involve programmatic or procedural issues that could impact service delivery or compliance with contract requirements or regulatory language.

✓ **Action** → *Require corrective action from the subrecipients and monitor follow-through.*

- **Tier 3 - High Severity**

These include serious issues such as:

- Health or safety risks
- Fraud, waste, or misuse of funds
- Civil rights violations
- Significant misconduct

✓ **Action** → *Immediate escalation to HHS Leadership and initiation of Commerce notification procedures.*

Severity tiering should be determined during initial assessment and may be adjusted as additional information becomes available.

IV. Escalation to Commerce and/or HUD

HHS is responsible for determining when a Complaint must be elevated beyond the local level. Mandatory escalation will occur when Complaints involve:

- Fraud, waste, or abuse of funds
- Health or safety threats
- Civil rights violations
- Material violations of program rules
- Failure of the subrecipient to respond or take corrective action

Escalation decisions must be documented, including a short rationale.

When escalation is required, HHS will formally notify Commerce and/or HUD using designated channels. The notification must include:

- ✓ A clear summary of the Complaint
- ✓ Identification of the provider and funding source
- ✓ Actions taken by both the subrecipient and HHS
- ✓ Relevant supporting documentation

HHS will continue to coordinate with Commerce and/or HUD throughout any review, investigation, or resolution process. Subrecipients will be notified of the escalation unless doing so compromises an investigation or violate confidentiality requirements.

Complainant Rights

All program participants, staff, volunteers, and the public must have *meaningful* access to the Complaint process. Subrecipients and HHS must ensure that participants, staff, and volunteers:

- ✓ Are informed of their right to file a Complaint without fear of retaliation including but not limited to fines, fees, or other strictly enforced contractual terms.
- ✓ Understand how to escalate concerns beyond the provider
- ✓ Are provided a copy of the Complaint procedure at program intake or at new employee/volunteer onboarding
- ✓ The Complaint procedure is communicated in a manner accessible to the complainant and compliant with ADA Accessibility regulations
- ✓ That there are no costs, fines or penalties for filing Complaints

HHS will reinforce these rights when interacting directly with participants, staff, volunteers, or the public.

I. Confidentiality & Non-Retaliation

HHS and subrecipients must take reasonable steps to protect the confidentiality of individuals submitting Complaints. While anonymous Complaints are accepted, full anonymity cannot be guaranteed in all circumstances. Information will be shared only as necessary to:

- ✓ Investigate the Complaint
- ✓ Comply with legal or regulatory requirements such Public Records Requests

Retaliation against any individual for filing a Complaint is strictly prohibited. Allegations of retaliation will be treated as **Tier 3 Complaints** and addressed immediately.

II. Tracking and Monitoring

HHS will maintain a centralized Complaint tracking system to ensure accountability and identify trends. Complaint data will be used to:

- Inform monitoring priorities
- Identify systemic issues
- Support findings, concerns, and repayment determinations
- Guide technical assistance and provider support

Patterns of Complaints may trigger:

- Targeted monitoring
- Corrective action plans
- Contractual or funding consequences

This section is the bridge between Complaints and enforcement and should be treated as such.

Effective Date

This policy is effective upon adoption and applies to all HHS administered programs and subrecipients. It may be updated, from time to time, to remain in compliance with funder changes or community needs.