



General Grievance Form – Housing Programs

This form may be submitted in-person or by email to **Cache McCallum**, Housing Program Manager at **cachem@coastalcap.org**. You may also call Cache at **360-660-5010** to request an appointment to discuss your appeal or complaint.

Client Name: _____

Care Coordinator: _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **County:** _____

My complaint or appeal is: (Please be specific and provide as much information as possible. Use additional pages if needed). ***Please attach any backup documentation (e.g., pictures, receipts, witness statements, etc.***

This is what I think should be done to resolve this issue:

Client Signature: _____ **Date:** _____

A copy of this grievance/complaint form should be retained in the client’s file and a copy should be given to the client upon receipt. Prompt written notice of the final decision to the program participant. Final decisions will be communicated to the program participant and case manager within three working days.



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STAFF TO FILL THIS PORTION:

Date Received: ____/____/____

Received By: _____

Housing Program Manager Received and Reviewed: ____/____/____

Housing Program Manager Signature: _____

J. Cache McCallum

Client Name: _____

Care Coordinator: _____

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