



Calhoun County Continuum of Care Grievance Form

Instructions: If you believe that you were mistreated or were not provided the services to meet your need(s) within the Calhoun County Continuum of Care, use this form to file a formal complaint. The complaint will be given to the Housing Solutions Board that provides oversight for the Calhoun County Continuum of Care. The complaint will be reviewed and an investigation may be conducted.

Please send the form to:
Continuum of Care: Housing Solutions Board
c/o Summit Pointe
175 College Street, Battle Creek, MI 49037
Email: ndupont@summitpointe.org

Complainant's Name:	Recipient's Name (if different from complainant):
Complainants Address:	Where did the grievance occur?
Complainant's Phone Number:	When did the grievance occur? (date and time)
Described what happened?	
What would you like to have happened in order correct the grievance?	
Complainant's Signature	Date