

# Coordinated Access System(CAS) Grievance Procedure

## Policy

Sacramento Steps Forward (SSF) oversees the Coordinated Access System (CAS) for 2-1-1 Sacramento shelter placement and Housing Problem Solving Funds. Any CAS client dissatisfied with the process and services, may file a grievance with SSF management.

Please note that 2-1-1 and Sacramento shelters have a separate grievance procedure. Any grievance involving those agencies must be directed to them.

If a client expresses concerns about services from any SSF CAS staff member, they may discuss their concerns informally with any available CAS staff members. If the client may request a formal grievance with SSF CAS management team and SSF Planning Director to adequately address any concerns. The client should be provided a Grievance Form for SSF review. Assistance in understanding forms and filing the Grievance Form shall be provided. The client should not be penalized for filing a grievance.

Submission of The Grievance Form should be within 90 days of the incident.

This grievance procedure and form are posted on Sacramento Steps Forward's website.

## Procedure

1. Grievances or complaints should be filed informally with the CAS staff members either verbally or in writing.
2. If no resolution is reached, the client can submit a formal Grievance Form. The Grievance Form must be filled out completely and detailed as needed.
3. The Grievance Form must be dated and signed by the client or the individual filing the grievance on behalf of the user.
4. The Grievance Form must be submitted to [cas@sacstepsforward.org](mailto:cas@sacstepsforward.org).
5. A written acknowledgment of receipt of the grievance will be provided to the user via email. This acknowledgment will be provided within seven (7) business days from the receipt of the grievance.
6. The CAS Analyst and CAS Manager will reach out to the user to see if a resolution can be reached. The results will be documented in writing.
7. If the issue is not resolved, the Planning Director will meet with the client to hear the grievance and conduct their own investigation.
8. The Planning Director will provide a written statement of the results and solution to the user.
9. If the issue is not successfully resolved after this, the client will be provided with external resources for additional assistance.



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## Grievance Form

Grievant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Did anyone assist you in filling out this form?  Yes  No`

If yes, who? \_\_\_\_\_ Contact Information: \_\_\_\_\_

### Section 1. Date, Time, and Location of Events

### Section 2. Details of the event (please include people if possible)

### Section 3. How would you like to see this resolved?

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shelter Staff Received by (Printed Name): \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Section 4. To be completed by Coordinated Access System (CAS) Department**

Grievant Name: \_\_\_\_\_

Was the grievance resolved?  Yes  No

Date of resolution: \_\_\_\_\_

Steps taken to address grievance:

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CAS Department Statement:

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CAS Staff Member reviewing the grievance: \_\_\_\_\_

CAS Staff Member Signature: \_\_\_\_\_

CAS Title: \_\_\_\_\_