

**Fredericksburg Regional Continuum of Care
Discrimination Complaint Form**

All Fredericksburg Regional Continuum of Care (FRCoC) programs are committed to providing the best possible services to all persons in need regardless of race, sexual orientation, gender, gender identity, religion, national origin, age or disability. All FRCoC programs welcome individuals who are heterosexual, bisexual, gay, lesbian, queer and/or transgender of differing races, classes, religions, ages and backgrounds. We strictly prohibit any types of discrimination based on race, sexual orientation, gender, gender identity, religion, national origin, age, or disability.

If you have concerns or a complaint about the way that you have been treated by another person/s at one of the FRCoC programs based on your race, color, sexual orientation, gender, gender identity, religion, national origin, age, or disability, you have a few options. If you feel safe to do so, approach the individual directly to voice concerns. Direct communication is the recommended method for helping workers to understand your needs and to resolve many concerns. If any issue remains unresolved or you feel unsafe approaching staff, you are encouraged to contact the CoC Program Director in writing using this form. All discrimination complaints will be forwarded to the Continuum of Care Program Director to ensure that resolution is achieved. All grievances will be handled in a respectful manner as quickly as possible.

***Procedures to resolve conflicts and concerns**

1. Approach the individual if appropriate.
2. Fill out a Grievance Form.

If you have a special need that prohibits you from filling out this form to the best of your ability, we encourage you to contact a worker at any housing organization or a friend or associate of your choice who is willing to assist you in filling out this form.

Name		Phone Number	
Mailing Address		Location of the complaint	
I am making a complaint in regards to concerns of discrimination on the basis of (Check all that apply):	<input type="checkbox"/>	Race/ Ethnicity	
	<input type="checkbox"/>	Gender/gender identity	
	<input type="checkbox"/>	Age	
	<input type="checkbox"/>	Sexual orientation	
	<input type="checkbox"/>	National Origin	
	<input type="checkbox"/>	Disability	
	<input type="checkbox"/>	Religion	
	<input type="checkbox"/>	Other (Specify)	
Person that you feel discriminated against you			
Contact information for the person (if known)			
Date of most recent act			
Explain what happened, including how and why you believe you were discriminated against. Be as specific as possible.			

Acknowledgement and Contact Information

I understand that I will be contacted with a response within 10 business days after the agency has received this grievance. A safe phone number where I may be contacted regarding this matter is: _____ . A safe mailing address where I may receive correspondence is:

_____.

Signature: _____ Date: _____

Printed Name: _____

Forms may be mailed to:

Fredericksburg Regional Continuum of Care
Samantha Shoukas
406 Princess Anne Street
Fredericksburg, VA 22401