HOUSING & HOMELESS SERVICES

Grievance and Appeal Form

Effective Date: October 13, 2025

Grievance: Anyone who is concerned that a consumer's safety, wellbeing, quality of care, or civil rights have been violated has a right to file a grievance. This includes, but is not limited to, consumers of services; applicants for services; family members; service providers; or community agencies.

Appeal: Anyone who disagrees with a decision related to a sit out, a grievance or a first level appeal.

Name and Date of Person Submitting:	Print Name and Date	☐ **Grievance** ☐ **Appeal**
How would you like to be contacted?	Provide address, phone, or if you want to pick up response. If none are listed, a response letter will be dropped off at the Community Mail room.	
Name and Date of Person Assisting	Print Name, Date, and Agency	
Identify Program of Concern:	Nevada Cares Campus ☐ Permanent Supportive Housing ☐ Safe Camp ☐ Our Place ☐ Regional Location or Other ☐	

Where and How to Submit Grievance/Appeal Form

Any program Grievance and/or Appeal can be mailed to:

350 S. Center Street
Reno, NV 89501
or
Email: RegionalHomelessServices@washoecounty.gov

NEVADA CARES CAMPUS	OUR PLACE	REGIONAL LOCATION OR OTHER
• Welcome/Intake Center • Resource Center • Cares Campus Case Management Offices • Cares Campus Behavioral Health • Cares Campus Permanent Supporting Housing • Safe Camp Office • Emergency Shelter Dorms • Provide to County or Operator Staff	• Welcome/Intake Center at Our Place • Our Place Case Management Offices • Our Place Behavioral Health • Provide to County or Operator Staff	**350 S. Center Street** **Reno, NV 89501** **or** **Email:** RegionalHomelessServices@washoecounty.gov

TO BE COMPLETED BY STAFF ONLY

Staff Name Who Received Form:	Print Name	**Date Form Received**	

Provide Details of Grievance or Appeal

Date of Issue:		**Time of Issue:**	
Location of Issue:		**Name(s) of people involved:**	
Witness Name(s):			

Summary of Grievance or Decision being Appealed (more space on back)

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Summary of Grievance or Decision being Appealed (additional space)

Suggested Solution by Person Submitting Form

THIS SECTION TO BE COMPLETED BY STAFF

Decision by Reviewers

Grievances will be reviewed within three (3) business days of being received, and a response will be provided in writing within 10 calendar days.

Appeals will be reviewed within one business day of being received, and a response will be provided in writing within four (4) calendar days from decision date by Review Committee.

Submitter Signature (if applicable/available) for receipt of Decision			
Signature of Person Submitting: (If available)	**Print Name:**	**Sign:**	**Date:**

FOR WASHOE COUNTY USE ONLY			
Washoe County Staff Reviewed:	**Print Name:**	**Sign:**	**Date:**