Complaint, Grievance, and Appeal Request Form

HOM North Carolina Housing Programs

Use this form to submit a concern, complaint, grievance, or appeal related to HOM North Carolina housing services. Please provide as much information as possible. Your form will still be accepted if any sections are left blank or if it is submitted to the wrong staff member.

CONTACT INFORMATION

Date	**Name**
Phone Number	**Email Address**
Preferred Contact Method	**Program or Referral Source, if known**

HOUSING OR SUPPORT INFORMATION

Property Name or Address, if applicable	**HOM Staff Person or Housing Specialist, if known**
Case Manager, Service Provider, or Support Person, if applicable	**Case Manager/Provider Phone or Email, if known**

TELL US ABOUT YOUR CONCERN

1. What happened? *Briefly describe your concern, complaint, grievance, or appeal.*

2. When did it happen? *Include date, approximate time, or timeframe if known.*

3. Where did it happen? *Include property name, address, office, phone call, email, or virtual meeting, if applicable.*

4. Have you already talked with anyone at HOM or another agency about this concern? *If yes, please share who you spoke with and what happened.*

5. What would you like to happen? *Share the outcome or resolution you are requesting.*

SUPPORTING DOCUMENTS

You may attach emails, notices, letters, photos, screenshots, or other documents that support your concern. Please do not include unnecessary private information that is not related to the issue.

SUBMISSION INFORMATION

Please return this form to HOM North Carolina using one of the following options:

Email: nchom@hominc.com

Mail: HOM, Inc. 5326 E Washington Street Phoenix Arizona 85034

SIGNATURE

Signature or Typed Name	Date

FOR OFFICE USE ONLY

Date Received	Received By	Assigned To
Issue Type	**Priority Level**	**Resolution/Close Date**