

**Epiphany Community Health Outreach Services  
Request for Proposals for  
Bookkeeping/Accounting Services (ACCT1A)  
Grievance Procedure**

**Purpose**

The purpose of the grievance procedure is to settle any grievance between an Applicant and the Epiphany Community Health Outreach Services (ECHOS) as quickly as possible to assure an efficient and fair procurement.

**Eligibility**

A grievance may be filed by any applicant that claims it has been adversely affected by:

1. The score assigned by the application review team.
2. Improper application of the ECHOS scoring and/or allocation methodology.

**Procedure for Filing Respondent Organization Grievances**

The following steps must be followed in the order given. Time limits shall begin on the first working day after the applicable occurrence, filing, appeal, response, or recommendation. Working days shall not include weekends or national holidays.

**Step 1**

To be considered, a grievance must be filed in writing with the ECHOS within 24 hours of award announcements. This written grievance should be sent to Jennifer Fernelius at ECHOS [jfernелиus@echoshouston.org](mailto:jfernелиus@echoshouston.org). ECHOS has forty-eight (48) hours from receipt of the grievance form to respond to and resolve the grievance (within business hours).

**Step 2**

If the applicant is not satisfied with the proposed resolution, the applicant has twenty-four (24) hours to file a written appeal with ECHOS. ECHOS has forty-eight (48) hours to investigate, talk with the grievant, and respond in writing using the official form.

**General Provisions**

1. The Grievance Forms provided by ECHOS should be used in pursuing a resolution of the grievance.
2. The applicant may represent itself or be represented by a chosen representative when presenting the organization's grievance.

\* Note: Grievance Forms are attached below.

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**Grievance Form**

Applicant Organization: \_\_\_\_\_

Applicant Representative: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Organization's Phone Number: \_\_\_\_\_

We have discussed this complaint with ECHOS contact and received her verbal answer on (date) \_\_\_\_\_ . Because this answer is unacceptable to us, we wish to file a formal complaint.

Nature of grievance. Explain how your organization was unfairly treated including names and dates. (Use additional pages if needed.)

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A just and fair solution of our grievance is:

We understand that if we wish to further appeal our complaint, we have twenty-four (24) hours from response to submit a grievance form to the next level of appeal. Grievances not appealed in a timely manner are considered settled at the previous level.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature

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**Grievance Form Response from ECHOS**

Applicant Organization: \_\_\_\_\_

Applicant Representative: \_\_\_\_\_

ECHOS response to Applicant Organization's Complaint:

Grievances not appealed timely are considered settled at the previous level.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature