



**Homeless Management Information System (HMIS)
 Grievance Form**

If you feel a violation of your rights as an HMIS client has occurred or disagree with a decision made about your "Protected HMIS Information" you may complete this form. Complete this form only after you have exhausted the grievance procedures at the agency you have a grievance with. It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days.

Contact Information	
Name of Individual Filing the Grievance:	Date:
Phone Number:	E-mail:

Grievance Information	
Name of HMIS Agency:	Date of Occurrence:
Have you discussed this issue with the HMIS Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discussion:
Brief Description of the Grievance (Describe what happened, when, and where. Attach any supporting documentation):	
Relief Requested (Indicate the action(s) that would resolve your grievance):	

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

Signature

Date