

**State of Nevada
Homeless Management Information System
Client Grievance Form**

Instructions

HMIS Clients are encouraged to work with the agency they are having issues with before submitting a grievance. A grievance should be used as a last resort. All grievances are taken VERY seriously, and reviewed by the HMIS Working Group on an individual basis.

If you have not been able to resolve your issue with the agency directly, please complete the attached form.

- **Complete ALL fields**
- **Print Legibly**
- **Be as specific and as detailed as possible**
- **Attach additional pages as necessary**
- **Sign and Date the form**

After you have completed the form, please deliver the form to Bitfocus, Inc. at support@bitfocus.com or contact 702-614-6690 ext.2 for assistance.

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Client Name

Agency Name – List the agency you have been working with to solve this issue

Agency Contact Person – List the name and phone number of the person you have been working with to solve this issue

First date of problem – List the date you first began working on this issue.

Description of issue. Please use the space below to describe your issue. Please print legibly and be as detailed as possible. Attach additional pages as needed.

Please sign and date below:

Client Signature

Date