Appendix D: Sample Client Grievance Form

Homeless Management Information System
Client Grievance 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 Santa Clara County CoC Board 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. via US Mail at:

Bitfocus, Inc.
548 Market St #60866
San Francisco, CA 94104

If you have any questions about completing this form, please call (408) 596-5866 and ask to speak with the Santa Clara County HMIS System Administrator.

Homeless Management Information System (HMIS)
Client Grievance Form

_____
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