



**Watsonville/Santa Cruz City & County Continuum of Care (CoC)
HMIS Grievance Form**

How to File a GRIEVANCE about our Privacy Practices

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 applicable agency's grievance procedures. **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 via the method of your choice.**

The form can be submitted electronically via DocuSign (click [here](#)), by secure email to santacruz@bitfocus.com, or mailed or delivered in person at:

Housing for Health Partnership HMIS
County of Santa Cruz Human Services Housing for Health Division
1000 Emeline Ave., Santa Cruz, CA 95060

Date of offense: _____

Name of individual who
violated your privacy rights.

Name of agency who
violated your privacy rights.

Brief description of grievance - what happened:

Best way to contact you: _____

Your name: _____

Your phone: _____

Your mailing address: _____

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that



give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of people served. Only information that is considered appropriate is collected.

CoC Grievance Response Date: _____

Recommendation to Agency: