

Alameda County Homeless Management Information System (HMIS) 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 Alameda 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 email the form to:

hmissupport@achmis.org

If you have any questions about completing this form, please email:

hmissupport@achmis.org

Alameda County 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:** _____