

Stanislaus County HMIS

Client HMIS Grievance Form

If you think your privacy rights for the information entered into HMIS have been violated, use this form to report the problem.

It is against the law for any agency to retaliate against you or deny services if you file this grievance.

Your Name:

Agency where the incident occurred:

Agency Name:
Agency Location:

When did it occur?

Enter Date:	Enter Time of Day:
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What happened?

How may we contact you?

Phone:
Mailing Address:
E-mail
Other:

(Client or Guardian Signature)

(Date)

(Please Print Name)

Return this form to: (Enter Partner Agency Address Here)
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Please Note: A copy of this grievance will be sent to the Stanislaus County HMIS System Administer.
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