

County of San Bernardino · Office of Homeless Services

1950 S. Sunwest Lane, Suite 200, San Bernardino, CA 92408
 Office: (909) 252-4001 · Fax: (909) 252-4088



Homeless Management Information System Grievance Form

Name of Individual Filing the Grievance - _____		
Name of Homeless Management Information System Agency - _____		
Grievance Information		
Date of Occurrence: _____	Have you discussed this issue with HMIS Agency? <input type="checkbox"/> yes <input type="checkbox"/> no Date(s) of discussion:	Agency Name:
<p>Issue of Grievance:</p> <p>List specific problem(s)/issue(s).</p> <p>_____</p> <p>For clarification of the issues of your grievance, please provide statements regarding the condition which is the subject of this grievance. (Describe what happened, when and where. Attach any supporting documentation.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Relief Requested: Indicate the action(s) that would resolve your grievance.</p> <p>_____</p> <p>_____</p>		

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

_____ Date _____ Signature

GREGORY C. DEVEREAUX Chief Executive Officer	Board of Supervisors ROBERT A. LOVINGOOD.....First District JAMES RAMOS.....Third District JANICE RUTHERFORD.....Second District GARY C. OVITT.....Fourth District JOSIE GONZALES.....Fifth District	
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