

Grievance Form

Instructions:

If you have a complaint/grievance that you would like to file regarding the violation of the ICH Governance Charter Code of Conduct or Conflict of Interest please complete the following form. The complaint/grievance will be investigated and a response will be provided within 20 business days of Bylaws and Membership Committee's final decision.

Name of Person Making Complaint:	Date of event(s):
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Statement of Complaint – Please provide details of the situation and complaint including any of the specific dates of appointment, conversations or actions involved by the Member of the Interagency Council on Homelessness (ICH). (If more space is needed, continue to the back of the form or attach another document.)

May we contact you for further information? <input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, please provide contact information:	
a. Primary Phone Number (if available)	
b. Email Address (if available)	
c. Address (if available)	
d. Secondary Phone Number	

What is the best method to contact you? <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email

Signature of Person Making Complaint:	Date:	
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This form can be submitted to Amy Edwards, Office of Homeless Services Secretary

- a. Email to: homelessrfp@hss.sbcounty.gov
- b. Fax to: (909) 501-0622
- c. Mail to: Office of Homeless Services, 215 North D Street, Suite 301, San Bernardino, CA 92415-0044