

## Complaint/Grievance Form

**Instructions:**

If you have a complaint/grievance that you would like to file regarding a violation from a community agency, please complete the following information. The complaint/grievance will be investigated and an update will be provided within 90 business days of receiving the complaint/grievance.

<b>Name of Person Making Complaint:</b>	<b>Date of event(s):</b>
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<b>Statement of Complaint</b> – Please provide details of the situation and complaint including any specific dates (If more space is needed, continue to the back of the form or attach another document.)

<b>May we contact you for further information?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Do you consent to release your information to the community agency you are filing the complaint against?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>If yes, please provide contact information:</b>	
a. Primary Phone Number (if available)	
b. Email Address (if available)	
c. Address (if available)	
d. Secondary Phone Number	

<b>What is the best method to contact you?</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email
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<b>Signature of Person Making Complaint:</b>	<b>Date:</b>
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This form can be submitted via email to the Office of Homeless Services (OHS) at [OHSCCommunityConcerns@hss.sbcounty.gov](mailto:OHSCCommunityConcerns@hss.sbcounty.gov)