

Client Grievance Procedure – Appendix A



Seth Diamond
Commissioner

CLIENT GRIEVANCE FORM

Clients have the right to bring complaints without fear of reprisal or being deprived of shelter.

INSTRUCTIONS: Clients must complete Section I and submit this form, along with any supporting materials, to the Program/Facility Director or to his/her Case Manager. If the subject of this form concerns that Director or Case Manager, clients should submit this form to the DHS Office of Client Advocacy ("OCA"). Any Director, or OCA, receiving a completed form must complete Section II and return it to the Client within seven (7) business days.

Section I: (To be completed by the Client)

Name: _____

Address/Facility/Program: _____

Social Security/Case Number: _____ Phone: _____

Signature: _____ Date: _____

Describe the Grievance (attach additional sheets and supporting documentation as appropriate):

Section II: (To be completed by the Director, or OCA, in seven (7) days)

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

Written Explanation or Resolution of Response (attach additional sheets and supporting documentation as appropriate):



Client Grievance Procedure – Appendix B



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CLIENT GRIEVANCE REVIEW FORM

Clients have the right to bring grievances without fear of reprisal or of being deprived of shelter.

INSTRUCTIONS: Clients must complete Section I and submit to the DHS Office of Client Advocacy ("OCA"). OCA, along with the appropriate DHS staff, must complete and sign Section II, and provide a copy to the Director. A copy shall be retained with the DHS Office of Client Advocacy and placed in the Client's case record.

Section I: (To be completed by the Client)

I have reviewed the Director's response to my Client Grievance Form, which is dated

_____.

I _____ do not believe that the response to my grievance was satisfactory and I request a review.

Resident Signature

Date

Shelter Name

Describe why the response is unsatisfactory:



