



## CFTH/Housing Solutions Center (HSC) Client Grievance Form

Date: \_\_\_\_\_

Client(s) Name(s): \_\_\_\_\_

Phone /Text Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How would you like to learn about the grievance decision (choose one)?

Telephone Call      E-mail      Mailed Letter      Text

Would you like to review the reason a decision was made with a Supervisor/Director?      Yes      No

Name of HSC Staff Involved: \_\_\_\_\_

Do you need interpretation assistance or this document in another language?      Yes      No

What CFTH/Housing Solutions Center decision do you disagree with and why?\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think should have happened and why?\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Feel free to use the back of this sheet or attach a second page.

HSC Client Signature (typed name is ok) : \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to the HSC staff or mail / e-mail to CFTH. Your concerns are taken seriously and the HSC Director will respond within 15 business days of the receipt of the completed grievance form.

CFTH ONLY:

Date of Receipt:

Program: