



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 (circle 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: