

Housing First Client Handbook

Name:		Date:	
Address 1:		Address 2:	
Phone:		Email:	

Place an (x) next to what best describes your concerns. If your concerns are about a denial, reduction, or stoppage of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues. The following categories may help:

Grievance Issues:

	Dissatisfied with a staff member
	Dissatisfied with a program decision
	Dissatisfied with management
	Dissatisfied with policy decision
	Dissatisfied with the quality of services
	Dissatisfied with accessibility of services
	Dissatisfied with the timeliness of response
	Dissatisfied with services not offered/not available
	Dissatisfied with something else

Appeal Issues:

	Denied program eligibility
	Denied a new service
	Denied a service increase, was suspended/stopped
	Denial of payment for a service
	Grievance time frame not followed
	Failure to provide services in a timely manner
	Failure to act within established timeframes

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	Failure to provide services that are needed for my health
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In the space below please describe your concerns and what steps you've taken to resolve the problem so far:

In the space below, please note how you would like to see the problem resolved: