Los Angeles/Orange County

Homeless Management Information System (HMIS) Collaborative

**How to File a GRIEVANCE about our Privacy Practices**

If you feel a violation of your rights as an HMIS client has occurred or you disagree with a decision made about your “Protected HMIS Information” you may complete this form. Complete this form only after you have exhausted the grievance procedures at your agency. **It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.**

**Grievances must be submitted in writing to:**

OC Parntership/Orange County Continuum of Care

Attn: HMIS Department

1505 E 17th Street Suite 108

Santa Ana, CA 92705

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of offense: | |  | | | | | | |  |
|  | |  | | | | | | | |
|  | Name of Individual who violated your privacy rights. | | | |  |  | Name of Agency who  violated your privacy rights. |  |  |
|  | | | | | | | | | |
| **Brief description of grievance (what happened):** | | | | | | | | | |
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| Best way to contact you: | | |  |  | | | | | |
|  | | |  |  | | | | | |
| Your name: | | |  |  | | | | | |
|  | | |  |  | | | | | |
| Your phone: | | |  |  | | | | | |
|  | | |  |  | | | | | |
| Your mailing address: | | |  |  | | | | | |
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|  | | |  |  | | | | | |
| CoC response date: | | |  |  | | | | | |
|  | | |  |  | | | | | |
| **Recommendation to Agency:** | | | | | | | | | |

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.