

Constituent Grievance Procedure — Appendix A



Gilbert Taylor
Commissioner

CONSTITUENT GRIEVANCE
FORM

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

INSTRUCTIONS: Constituents 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, Constituents should submit this form to the DHS Office of the Ombudsman. Any Director, or Ombudsman staff, receiving a completed form must complete Section II and return it to the Constituent within seven (7) business days.

Section I (To be completed by the Constituent):

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 Ombudsman staff, 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):

