If you think your HMIS privacy rights have been violated, use this form to report the problem.

It is against the law for any agency to deny services to you or your household members for filing this grievance.

|  |  |
| --- | --- |
| Your Name: |  |
|  |  |
| Agency where the problem occurred: |  |
|  |  |
| When did it occur? |  |
|  |  |
| What happened? |  |
|  |  |
| How may we contact you? | Phone: |
| Mailing Address: |
| Email: |
|  | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Client or Guardian Signature* |  | *Date* |  | *Relationship to Client* |
|  |  |  |  |  |
| *Print Name* |  |  |  |  |

|  |  |
| --- | --- |
| Review Date: |  |
| Recommendation to Agency: |

**Return this form to:**

**LSNDC Regional System Administrator**

[ENTER REGION HERE

Region Street, City, State and Zip code e

Region Phone Number]