

Homeless Management Information System (HMIS) Grievance Procedure Form (Word DOC)	Page 1 of 1
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For IHFA Homeless Management Information System (HMIS).

If you believe that you have not received the assistance you desire concerning your personal or private data held in the Idaho HMIS, please send a written complaint to:

Director: _____
 Agency Name: _____ Address: _____
 Phone: _____ _____

This agency is prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This agency is required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by your agency you may make a complaint to:

Idaho Housing and Finance Association
 Attention: **HMIS** Grievance
 PO Box 7899
 Boise, ID 83707-1899

IHFA will attempt a voluntary resolution of the complaint.

NOTE that IHFA does **not** provide legal services.

GRIEVANCE FORM

Your Name: _____ Date: _____

Address: _____ Phone number: _____

Agency: _____

Complaint: _____

