

Service Recipient Grievance Form: Minnesota's HMIS

If you believe that your rights have been violated concerning your personal or private data held in Minnesota's HMIS, you may send a written complaint to:

1. The Agency responsible for providing services to you

If you believe your grievance has not been sufficiently resolved by the service provider agency, you may ask that your complaint be forwarded to the Institute for Community Alliances (contact information below). If you believe that your shelter or services may be threatened due to filing a complaint, you may submit your complaint directly to the Institute for Community Alliances at:

2. The Institute for Community Alliances (ICA) – Minnesota
1508 East Franklin Avenue, Suite 100, Minneapolis, MN 55404
MNHMIS@icalliances.org

ICA will attempt a voluntary resolution of the complaint.

The Agency will report all complaints received to ICA. ICA will report all complaints received and their resolutions to Minnesota's HMIS Governing Board, which will also act as final arbiter of any complaints not resolved by the servicing agency or by ICA.

This Agency and ICA are prohibited by law (MN statutes §363A.15) from retaliating against you for filing a complaint. Your information and complaint will be kept confidential. This Agency and ICA are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

1. To be completed by Service Recipient:

Your name: _____

Agency name: _____ Program/Shelter name: _____

Your grievance (what happened, when, where):

What outcome would you like?

Signature: _____ Date: _____

If you are submitting this complaint directly to ICA, stop & submit using the contact information above. If you are submitting this complaint to the Agency, continue to step 2 and provide this form to Agency staff.

2. To be completed by Program Staff

Your name:

Your position:

Date complaint received:

Recommended grievance solution:

Date delivered to service recipient: _____ Delivered by (staff name): _____

3. To be completed by Service Recipient

I am _____ I am not _____ satisfied with the recommended solution.

I wish to take this grievance to the next step by forwarding my concern to the HMIS Lead Agency, and give permission to the Agency to share my identifying information with the HMIS Lead Agency: _____

Signature: _____ Date: _____

4. To be completed by Lead Agency:

Staff member name:

Position:

Date grievance received:

Recommended grievance solution:

Date delivered to Governing Board: _____ Delivered by (staff name): _____