

Homeless Services Bureau | 1301 W 12<sup>th</sup> St, Long Beach, CA 90813 | (562) 570-4500

## GRIEVANCE FORM

### Instructions for Claimant:

- 1. Start with your provider:** Grievances must be filed with your service provider first, and you must complete their entire process. Contact the agency providing you with services for a grievance form and their process for filing.
- 2. Give it time:** Once a grievance is filed with the agency, they must contact you within 3 business days from the time your grievance was received. If you have not received a response within the required time, please contact [hsb-grievances@longbeach.gov](mailto:hsb-grievances@longbeach.gov).
- 3. If further mitigation is needed:** Grievances can then be filed and submitted to [hsb-grievances@longbeach.gov](mailto:hsb-grievances@longbeach.gov) or [Grievance Form Portal](#). A specialist will contact you within 3 business days to discuss your concerns, and the next steps.

Have you filed a grievance with your service provider and completed their entire process first?

Yes  No

Would you like to remain anonymous? Yes  No

*\*If you wish to remain anonymous when filing this grievance, please note that the investigation and resolution may be limited without identifying or contact information.*

If you checked no, what is your name? (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

\*If a phone or email is not available, how can we reach you: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Site Name: \_\_\_\_\_

Type(s) of Grievance: *check all that apply*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Assault        | <input type="checkbox"/> Non-Nutritious Food     | <input type="checkbox"/> Quality of Service(s)       |
| <input type="checkbox"/> Battery        | <input type="checkbox"/> Participant Favoritism  | <input type="checkbox"/> Retaliation                 |
| <input type="checkbox"/> Bullying       | <input type="checkbox"/> Participant Safety      | <input type="checkbox"/> Substance Use (Sale of)     |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Program Rule Violations | <input type="checkbox"/> Wrongful Termination/Exit   |
| <input type="checkbox"/> Fraud          | <input type="checkbox"/> Property Damage/Theft   | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Harassment     | <input type="checkbox"/> Quality of Facility     |  |

**Statement of issues and facts on which grievance is based:**

*[Describe the nature of your grievance in detail. Include dates, times, names of individuals involved, and any relevant documentation or evidence.]*

**Desired Relief or Resolution:**

*[Describe what outcome or resolution you are seeking from filing this grievance.]*

**Previous Actions Taken:**

*[Outline any previous attempts you have made to address this grievance, such as discussion with your service provider, case management, provider resolution, and the results of those actions.]*

**Provide any relevant documentation, emails, or other evidence to support your grievance (supportive evidence can be emailed to [hsb-grievances@longbeach.gov](mailto:hsb-grievances@longbeach.gov)).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_