

Humboldt County Department of Health and Human Services (DHHS)
Homeless Management Information System (HMIS)
How to File a Privacy Complaint

If you feel that a violation of your rights as an HMIS client has occurred, or if you disagree with a decision that has been made about your Protected HMIS Information, you may complete this form and submit to the HMIS Lead Agency, the Regional Taskforce on the Homeless. Please complete this form only after you have exhausted the grievance procedures for the agency providing you housing and/or services. It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 (thirty) days via the grievance method of your choice.

Grievances must be submitted in writing to:
Humboldt County Department of Health and Human Services
Attn: Quality Management Services/Privacy Officer
507 F Street
Eureka, CA 95501

Brief Description of grievance (what happened):

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Date(s) of incident(s)

Name of individual(s) who violated your rights

Name of agency(ies) that violated your rights

Your Contact Information

Name	
Phone and/or email	
Mailing address	
Today's date	

HMIS Lead Agency Use Only

Response Date	
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Recommendation to Agency:
