San Diego County CoC 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 Task Force on Homelessness. 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:

Regional Task Force on Homelessness 4699 Murphy Canyon Rd. San Diego, CA 92123

rief Description of grievance (what happened):	
Date(s) of offense(s)	<u> </u>
Name of Individual(s) who violated your rights	Name of Agency(ies) who violated your rights
our Contact Information	
Your Name	
Phone Number and/or Email Address	
Phone Number and/or Email Address	
Phone Number and/or Email Address	
Phone Number and/or Email Address Mailing Address Today's Date	
Phone Number and/or Email Address Mailing Address Today's Date HMIS Lead Agency Use Only	
Phone Number and/or Email Address Mailing Address Today's Date	