



**Office of HIV Care (OHC)
Grievance/Complaint
Authorization for Release of Information**

Client Name	
Address and phone	
Nature of Grievance	
Agency/agencies involved	

Please check all that apply:

I authorize the Office of HIV Care to:

- Release information I have provided that is related to my grievance/complaint to the agency or agencies involved

I request that the Office of HIV Care:

- Keep all information related to my grievance/complaint confidential and *not* share it with the agency/agencies involved

I authorize the agency/agencies named above to:

- Release any information related to my grievance/complaint to the Office of HIV Care

I request the agency/agencies listed above:

- Keep all information related to the grievance/complaint confidential and not share it with the Office of HIV Care

Sign and date below, then return as soon as possible by fax to the attention of **Grievances at 510-268-7631**. You may also email this form to hivinfo@acgov.org

If you have any questions call **510-268-7630**

Client signature _____ **Date** _____

OHC staff signature _____ **Date** _____