



Office of HIV Care Grievance form

Please fill out the form completely and send to: Judy Caballeros via email hivinfo@acgov.org or fax to 510-268-7631. You may also send by US mail to: Grievances c/o Office of HIV Care, 1100 San Leandro Blvd, 3rd floor, San Leandro, CA 94577

Name: _____ Date: _____

You are the client family member caregiver

Address: _____

Email: _____ Phone(s): _____

Grievance is against: _____
Agency and/or staff

Have you gone through your agency's grievance procedure? Yes No

Have you stopped receiving services due to this issue? Yes No

1. Describe in detail the grievance issue. Include dates, time and place of the initial problem, provider or staff person involved.

2. What attempts were made to resolve the issue?

3. What would you like to see happen?

Please do not fill out this section. For OHC use only.		
Authorization of Release form received from client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OHC Staff	Letter Sent to Client	Date Sent
OHC Staff	Letter Sent to Agency	Date Sent

