

Louisiana Services Network Data Consortium

Client HMIS Grievance Form

If you think your HMIS privacy rights have been violated, use this form to report the problem.
It is against the law for any agency to deny services to you or your household members for filing this grievance.

Your Name:

Agency where the problem occurred:

When did it occur?

What happened?

How may we contact you?

Phone:
Mailing Address:
Email:
Other

Client or Guardian Signature

Date

Relationship to Client

Print Name

Review Date:

Recommendation to Agency:

Return this form to:
LSNDC Regional System Administrator
Megan Vets, CLHC
PO Box 1303 Alexandria, LA 71309
318-443-0500