

IHSS PUBLIC AUTHORITY GRIEVANCE FORM

| ull Name | 2: | | Date: | |
|----------|--------------------------------|----------------------------|---------------------------|------------------|
| | Last | First | M.I. | |
| ddress: | | | | |
| | Street Address | | | Apartment/Unit # |
| | | | | |
| | City | | State | ZIP Code |
| hone: | | Ema | il: | |
| Couns | elor: (<i>if applicable</i>) | | | |
| | | | | |
| Service | e Being Used: | | her] (Please Specify) | |
| Date In | cident Occurred: | | | |
| | | the PA: | | |
| | | | _ | |
| | | | | |
| | | ed below to explain the ir | | |
| inform | ation that you think w | ould help us to better ur | derstand what happe | ned. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Continued on Next P | | |
| | | | | |
| | | | | 4 |
| | | | | |
| | | | | |

www.sfihsspa.org



Mail this completed form to:

SF IHSS Public Authority 832 Folsom Street, 9th Floor San Francisco, CA 94107

Or send it by email to: Info@sfihsspa.org

Please allow 20 business days for a response. SF IHSS PA will contact you if further information is required.

