

THIS PAGE – OFFICE USE ONLY	Designated liaison for this grievance _____	
------------------------------------	---	--

Step 2	Date this form provided to Participating Agency's Executive Director _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____		Date _____
Dissatisfied client signature _____		Date _____

Step 3	Date this form provided to HMIS Lead Agency _____	Date of meeting with client _____
	Date of HMIS Lead Agency's decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____		Date _____
Dissatisfied client signature _____		Date _____

Step 4	Date this form provided to CoC Steering Committee _____	Date of meeting _____
	Date of CoC Steering Committee's decision to liaison _____	_____
Result	Description of proposed resolution _____	
Program has received this decision <input type="checkbox"/> Client has received this decision <input type="checkbox"/>		
Liaison signature _____		Date _____
Liaison signature _____		Date _____