

## CONSTITUENT GRIEVANCE REVIEW FORM

Constituents have the right to bring grievances without fear of reprisal or of being deprived of shelter.

Instructions: Constituents must complete **Section I** and submit to the Department of Social Services (DSS) Office of the Ombudsman, 109 East 16th Street, 8th Floor, New York, NY 10003. The Office of the Ombudsman, along with the appropriate Department of Homeless Services (DHS) staff, must complete and sign **Section II**, and provide a copy to the Director. A copy shall be retained with the DSS Office of the Ombudsman and placed in the client's case record.

## <u>Section I</u> (To be completed by the Constituent): I have reviewed the Director's response to my Constituent Grievance Form, which is dated \_\_\_\_, do not believe that the response to my grievance was satisfactory and I request a review. Client Signature Date Shelter Name Describe why the response is unsatisfactory:

## <u>Section II</u> (To be completed by the Director of the Office of the Ombudsman or function equivalent, and by the appropriate Program Administrator.)

Date Grievance Received:
Date:
ion of Response (attach additional sheets and supporting :