Department of Homeless Services
Department of Social Services

CONSTITUENT GRIEVANCE FORM

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

Instructions: Constituents must complete **Section I** and submit this form, along with any supporting materials, to the Program/Facility Director or to his/her Case Manager. If the subject of this form concerns that Director or Case Manager, Constituents should submit this form to the Department of Social Services (DSS) Office of the Ombudsman, 109 East 16th Street, 8th Floor, New York, NY 10003.

Any Director or Ombudsman staff, receiving a completed form must complete **Section II** and return it to the Constituent within seven (7) business days.

Section I (To be completed by the Constituent):

Name: _____

Address/Facility/Program: _____

Social Security/Case Number: _____ Telephone: _____

Signature: _____ Date: _____

Describe the Grievance (attach additional sheets and supporting documentation, as appropriate):

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(Turn page)

<u>Section II</u> (To be completed by the Director, or Ombudsman, staff, in seven [7] days):

Name/Title: _____

Facility/Program: _____

Address: _____

Telephone: _____ Date Grievance Received: _____

Signature: _____ Date: _____

Written Explanation or Resolution of Response (attach additional sheets and supporting documentation as appropriate):