



IHSS PUBLIC AUTHORITY GRIEVANCE FORM

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Counselor: *(if applicable)* _____

Service Being Used:	On Call <input type="checkbox"/>	Registry <input type="checkbox"/>	Mentorship <input type="checkbox"/>	Other <input type="checkbox"/> (Please Specify) _____
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Date Incident Occurred: _____

Date Incident was Reported to the PA: _____

Please use the space provided below to explain the incident in full detail. Attach any information that you think would help us to better understand what happened.

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