

CENTRAL VALLEY HOUSING GRIEVANCE FORM

If you think you have been terminated from a project unfairly or you disagree with a decision made about your case or you think you have been denied services unfairly and you have not been able to have the issue resolved by the staff involved, you have the right to complete this form.

****It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.****

Your grievance must be submitted in writing to:
Central Valley Low Income Housing Corp.
2431 W. March Lane #350
Stockton, CA 95207

You can submit this grievance form in person, by mail to the address above, by faxing it to 209-954-9548, or via email to contact@cvlihc.org .

Please provide information regarding the violation.

Date of offense: _____

Name of **Individual** who violated your rights: _____

Provide a description of the grievance (continue on back if more space is required):

Please list your contact information:

Name: _____

Phone #: _____

Mailing Address: _____

E-mail: _____

What is the best method to contact you:

- Phone
- Mailing Address
- E-mail