



Grievance/Appeal Form

It is our intent that each person who accesses services with the City of Carlsbad will be treated with equity and respect. If you believe that you have experienced unfair treatment, suspension, or termination from services or have concerns about policies or practices including but not limited to privacy and security, this form provides an opportunity for your concerns to be heard by management and for potential action to be taken in response. Please return this completed form to:

Senior Program Manager, Homeless Services
3096 Harding Street
Carlsbad, CA 92008
Fax: 760-720-2037
Phone: 442-339-2810 | Email: housing@carlsbadca.gov

*Note: Grievance forms submitted as an appeal of a Notification of Suspension or Termination of Services must be received by the city within 14 calendar days from the date such notification is sent (via email or mail). If the fourteenth day falls on a weekend or holiday, the deadline will be the next business day.

Name:	Date:
Phone:	Email:
Mailing Address:	
City, State & Zip Code:	
Desired Response Method: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pickup at City Hall	

Incident (please provide a clear statement about what happened; attach additional pages and accompanying evidence as needed):

Desired Solution (attach additional pages as needed):

Signature:	Date:
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Thank you for your submission. Grievances will be responded to by email or mail within 14 calendar days of receipt of a completed, timely submitted grievance form.
All grievance decisions are final.

STAFF USE ONLY:

Status after review:

- Reinstated
- Termination or Suspension Upheld
- Reinstated With Conditions: *List requirements.*

Notice given to client:

- Mail
- E-mail
- Verbally/By Phone

Date: Enter date

Summary of review:

Click or tap here to enter text.