Worcester HMIS Grievance

Worcester HMIS Clients are encouraged to work with the agency they are having issues with before submitting a grievance. A grievance should be used as a last resort.

If you have not been able to resolve the issue with the agency directly, please complete the attached form and mailed it to:

Central Mass Housing Alliance 6 Institute Rd Worcester, MA 01609

Grievances are taken *VERY* seriously and reviewed by the Worcester County HMIS and CoC Leadership on an individual basis. On receipt of grievance, an authorized WHMIS administrator will be prepared to take immediate action including locking any affected accounts as appropriate. The information from the client and the agency will be evaluated, contacting both if necessary for additional information to ensure a full understanding of the issue. Within seven business days the Grievance Review Committee will determine appropriate next steps and notify both the agency and the client of the plan for resolution.

If you have any questions about completing this form, please call (774)243-3800 and ask to speak with the Worcester County HMIS System Administrator.

Client Name	Client Contact phone and or email	
Agency Name	Agency Contact Person	Agency Contact phone and or email
First date of probl	em – List the date you first beg	an working on this issue.
Describe the issue	e below. <you bac<="" may="" td="" the="" use=""><td>ck of this form or additional pages as needed.></td></you>	ck of this form or additional pages as needed.>
Client Signature		 Date