



Grievance Resolution APPEAL FORM

INSTRUCTIONS TO CLAIMANT

1. Please ensure that you have completed the entire Grievance process with the homeless provider prior to filing an appeal.
2. If you wish to appeal the resolution of your grievance by the provider, complete a copy of this Appeal Form, received from the Provider, and submit to the address below.
3. Attach any records that will support your appeal.
4. Retain a copy for your record.

I hereby appeal the resolution of my initial grievance with the service provider for the following reason(s):

How can we contact you to follow-up on this Appeal? <i>(complete blocks below)</i>			
Name		Telephone	
Address		Email	
Name of Provider involved in Appeal			
Type assistance requested			
Appeal Request - Give specific reasons for the appeal. <i>(please continue on next page or use additional sheets if necessary)</i>			
Please submit this Grievance Appeal Form, along with any necessary documentation, to: Los Angeles Homeless Services Authority 811 Wilshire Blvd, Sixth Floor Los Angeles, CA 90017			
		by email to:	grievances@lahsa.org
		by FAX to:	(213) 892-0093
I acknowledge that I have completed the provider's Grievance Process and that the documentation that I have provided is true and accurate to the best of my knowledge.			
Applicant/Participant Signature			Date
For LAHSA use only			
LAHSA Action/Resolution:			
LAHSA APPROVAL			
Shelter Systems Coordinator		Date	
Program Unit Manager		Date	
Associate Director of Programs		Date	
Date Participant Notified		Date Provider Notified	

It is the policy of the City of Los Angeles and the Los Angeles Homeless Services Authority that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, be subjected to discrimination, excluded from participation in, or denied the benefits of homeless programs.

Los Angeles Homeless Services Authority (LAHSA) and
City of Los Angeles Homeless Programs
Grievance Resolution
APPEAL FORM

PAGE TWO (Only complete if additional space is needed)

Name		Telephone	
Appeal Request - Give specific details regarding the grievance, the provider resolution and the need to appeal the provider's resolution. CONTINUED FROM PAGE ONE			

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