



Sonoma County Community Development Commission
1440 Guerneville Road, Santa Rosa, CA 95403-4107
(707) 565-7500

GRIEVANCE FORM

Please answer all questions to the best of your ability.

Date:			
Name:			
Address:			
City:		State:	
Email address:			
Mobile:		Alt. Phone:	

1. Your grievance is about which CDC department?

- Administration Executive Finance
 Program Compliance Ending Homelessness
 Housing & Neighborhood Investments Rental Assistance

2. Name of the individual(s) involved in your complaint?

3. Date of incident?

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4. Where did the incident take place?

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5. Name(s), address(es), phone number(s) of others directly involved or witness to the incident:

6. Summary of your grievance:
(e.g. what happened and why you believe you were discriminated against?):

**You may attach additional sheets or submit a separate written statement*

7. What do you believe is the best way to resolve this grievance?

I certify that the above statement and facts are true and correct to the best of my knowledge.

Signature of complainant

I certify that the above statements are true and correct as have been explained to me by complainant.

Signature authorized CDC staff taking complaint