KnoxHMIS FORMAL GRIEVANCE

THIS FORM MUST BE FULLY COMPLETED

Name of Grievant (Please Print):	**Primary Phone:** **Secondary Phone:** **E-mail Contact:**
Mailing Address: **Street or P.O. Box:** **City:** **State:** **Zip:**	
Date and time of event leading to grievance:	Date KnoxHMIS was notified:
Please describe your grievance in as much detail as possible. Include names of service providers and individuals involved, relevant dates, and any attempts you've made to resolve the issue. Attach additional pages if needed.	
Please share any specific actions you believe would resolve your grievance.	

Person with Grievance: Send a copy of this form to KnoxHMIS and, as possible, retain a personal copy.

This signed form can be mailed or e-mailed to the following:

ATTN:
KnoxHMIS Program Office
Social Work Office of Research and Public Service
600 Henley Street
Knoxville, TN 37996-4104
hmissupport@utk.edu
865-974-9142

By signing below, I affirm that the information provided is accurate to the best of my knowledge. I understand that this grievance will be reviewed by KnoxHMIS staff and may be shared with my agency as part of the resolution process.

Grievant Signature	Date

KnoxHMIS Office Use Only:

Initial Findings:

Agency Notified: ☐Yes ☐No Date: _____ Staff Contacted: _____HMIS Policy Provided: ☐Yes ☐No
Agency Action Plan Received: ☐Yes ☐No
Final Resolution:

Updated August 2025