

GetHelpOC™ Grievance Form

If you feel a violation of your rights as an GetHelpOC™ client has occurred or you disagree with a decision made about your “Protected GetHelpOC™ Information” you may complete this form. Complete this form only after you have exhausted the grievance procedures at the agency you have a grievance with. **It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.**

Grievances may be submitted to the GetHelpOC™ team by either of the following methods:

- Call GetHelpOC™ Help at (714) 589-2358
- Send this form to:

211 Orange County
Attn: GetHelpOC™ Administration
1505 East 17th Street, Suite 108
Santa Ana, CA 92705

Your Name: _____ Date of Grievance: _____

Best Way to Phone Mailing Address
Contact You: Email Case Manager/Advocate

Your Phone Number: _____ Your Email Address: _____

Your Mailing Address: _____

Case Manager/Advocate Contact Information (optional)

Name: _____ Email Address: _____

Phone Number: _____ Agency: _____

Grievance Information

Name of Individual who violated your privacy rights

Name of the agency who violated your privacy rights

Brief description of the grievance (what happened):