



GRIEVANCE FORM

If you feel a violation of your rights as a GetHelpOC™ client has occurred or you disagree with a decision made about your “Protected GetHelpOC™ Information” you may complete and submit this grievance form. Submit 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 2-1-1 Orange County team by either of the following methods:

Call the GetHelpOC™ Administration team at (714) 589-2358

Mail this form to:
Orange County United Way, Attn: GetHelpOC™
18012 Mitchell S, Irvine, CA 92614

First Name: _____ Last Name: _____

Date of Grievance: _____

WHAT IS YOUR PREFERRED CONTACT METHOD?

Phone Email Mailing Address Case Manager/Advocate

Phone: _____ Email: _____

Mailing Address: _____

CASE MANAGER/ADVOCATE CONTACT INFORMATION (optional)

Name: _____ Email: _____

Phone: _____ Agency: _____

GRIEVANCE INFORMATION

Name of individual who violated your privacy rights

Name of agency who violated your privacy rights

Brief description of the grievance (what happened):