



**Sonoma County Community Development Commission**  
141 Stony Circle Suite 210, Santa Rosa, CA 95401  
(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?

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

*Signature of complainant*

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

*Signature authorized CDC staff taking complaint*