



**Grievant Request Form**

This form is to be used to initiate a response from the Housing Authority regarding any action taken against an individual or failure by Housing Authority to take action regarding a request or complaint by an individual. A letter requesting action and signed by the individual may substitute for a Grievant Request Form. **PLEASE BE SURE TO USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM.**

Please fill this form out completely and return it to the Housing Authority office. A response will be received within ten working days from the Request.

**Name** \_\_\_\_\_  
**ADDRESS (Mailing)** \_\_\_\_\_  
 \_\_\_\_\_

**Date** \_\_\_\_\_  
**Unit #** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Brief Description of Complaint**

\_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_

**Action Requested by Grievant**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

GR# \_\_\_\_\_  
 ORIGINAL TO: GRF FILE  
 COPIES TO: JODY PEREZ, EXECUTIVE DIRECTOR  
 SID SHOURDS, MAINT MANAGER/ASSISTANT EXECUTIVE DIRECTOR  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  
 DATE DISTRIBUTED: \_\_\_\_\_  
 10 DAY DEADLINE: \_\_\_\_\_  
 DATE COMPLETED: \_\_\_\_\_

Updated 5/20/2019