



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 _____ | Date _____ |
| Address _____ | Unit # _____ |
| _____ | Phone # _____ |

Brief Description of Complaint

Action Requested by Grievant

Signature: _____ Date: _____

FOR OFFICE USE ONLY

| | |
|---|-------------------------|
| GR# _____ | DATE RECEIVED: _____ |
| ORIGINAL TO: GRF FILE | DATE DISTRIBUTED: _____ |
| COPIES TO: JODY PEREZ, EXECUTIVE DIRECTOR | 10 DAY DEADLINE: _____ |
| CARRIE IRVINE, ADMIN MANAGER/ASSISTANT EXECUTIVE DIRECTOR | DATE COMPLETED: _____ |
| _____ | |
| _____ | |

Updated 3/12/2019