



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

CR# _____
ORIGINAL TO: GRF FILE
COPIES TO: JASON ADAMS, EXECUTIVE DIRECTOR
CARRIE IRVINE, ADMIN MANAGER/ASSISTANT EXECUTIVE DIRECTOR

DATE RECEIVED: _____
DATE DISTRIBUTED: _____
10 DAY DEADLINE: _____
DATE COMPLETED: _____

Updated 4/3/2018