



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 calendar days from the date the Request is received.

Name _____	Date _____
ADDRESS (Mailing) _____	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: _____
SID SHOURDS, MAINT MANAGER/ASSISTANT EXECUTIVE DIRECTOR	DATE COMPLETED: _____

BOC Approved 4/6/2021