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 date the Request is received.

Name __________________________________________________________

ADDRESS (Mailing) ________________________________________________

________________________________________

Date ________________

Unit # ___________________

Phone # ___________________

Brief Description of Complaint
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Action Requested by Grievant
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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:____________

Return to Salish & Kootenai Housing – P.O. Box 38 Pablo, MT 59855

BOC Approved 9/1/2021