SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION

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 _____ **Date** _____
ADDRESS (Mailing) _____ **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: NOLAN MICHEL, EXECUTIVE DIRECTOR
SID SHOURDS, MAINT MANAGER/ASSISTANT EXECUTIVE DIRECTOR
_____
_____

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

BOC Approved 6/16/2026

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