

Grievance Request

Date of Request: _____

PHA Administrator: Vickie Greg

Tenant Name: _____

Tenant Address: _____

Tenant Phone: _____

Reason for Grievance: _____

Action or Relief Sought: _____

Tenant Printed Name

Tenant Signature

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority well in advance of the meeting so that we can make the necessary arrangements.

Office Use Only:

Hearing scheduled for: _____