PHA GRIEVANCE PROCESS FOR PUBLIC HOUSING

GRIEVANCE HEARING REQUEST FORM

This information must be submitted to the Property Manager or Office within ten (10) calendar days of the date that the Notice was either mailed or hand-delivered (the date is on the Notice). This information is available in an alternative format upon request and can be translated if required.

Your tenant council may assist you in preparing this Form and you may obtain further information from your resident council representative. If you do not know who this is, your Property Manager can provide contact information. The timelines for submission of this form apply regardless of whether you seek assistance from your tenant council.

Date: _______________        Name: __________________________________
Client ID: _____________________       Tel Number: _______________________
Unit Address: __________________________________________________________
Site Name: ______________________   Unit ID: __________________________

Please explain the reasons for your dispute and what you want PHA to do (or not do) -- you may pick one or more, below:

I. LEASE TERMINATION ISSUE:
____________________________________________________________________
____________________________________________________________________

II. MAINTENANCE/REPAIR ISSUE: What is the issue and what steps, if any, have you taken to resolve it (please provide details, such as date and numbers of any service orders):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
III. TRANSFER ISSUE:
- What is the issue/reason for transfer? ________________________________
- When was the transfer requested? ________________________________;
- Whom did you ask for the transfer? ________________________________;
- Did you complete your transfer package? [ ] No; [ ] Yes; When? _________;
- When did you last speak with the Admissions Dep’t? _____________; with whom
  _______________ and what did that person tell you _________________?

IV. RENT CALCULATION AMOUNT ISSUE (Please note that rent is calculated
using federally standardized methods; PHA does not control the amount of your rent.)
- Have you requested a rent recalculation? [ ] Yes [ ] No;
- Have you met with your manager to perform a rent re-calculation? [ ] Yes [ ] No;
- When was the re-calculation completed ________________; who did the
  recalculation ________________; and amount of the new rent _______________?
- Why do you believe that the amount of rent due is not appropriately calculated?

_________________________________________________________________

V. OTHER ISSUE(s) –
_________________________________________________________________
_________________________________________________________________

☞ Before a grievance hearing will be scheduled, you must participate in an
informal settlement conference. If, after that conference, you still want a hearing –
YOU MUST SIGN AND RETURN the “Summary & Decision: Informal Settlement
Meeting” form within ten (10) calendar days to have a grievance hearing.

☞ Please provide two possible dates and times in the next 45 calendar days when
you would be available for a grievance hearing:
Date: ___________ Time: _______ ;  Date: ___________ Time: _______
If you plan to have an attorney, service agency, or medical provider(s) representing you at the grievance hearing, please include a mailing address and daytime telephone number for each:

______________________________________________________________________

If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. Please specify the type of assistance needed:

______________________________________________________________________

The hearing coordinator will notify you that: 1) the requested accommodation is granted and will be provided, 2) more information is required, or 3) the request is denied.

Citizen Signature: _____________________________ Date: _________________

FOR USE BY LEGAL DEPT ONLY: Date request received: __________; Date request appv’d/denied: __________; Reason denied (applicable CFR or ACOP section) ______________________________; By: _____________________; Signature: __________________________ Date: ______________________