

## TENANT GRIEVANCE

**DATE:** \_\_\_\_\_  
**TENANT NAME:** \_\_\_\_\_  
**COMPLEX:** \_\_\_\_\_  
**UNIT #:** \_\_\_\_\_

If grievance involves another tenant or is about another tenant please list name and unit of tenant. \_\_\_\_\_

**GRIEVANCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TENANT SIGNATURE:** \_\_\_\_\_

**RESIDENT MANAGER COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**RESIDENT MANAGER SIGNATURE:** \_\_\_\_\_

*The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, Part 8 dated June 2, 1988).*

*Position: Regional Property Manager, The Housing Company  
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Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628*

