

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
P. O. Box 6943, Boise, ID 83707-0943
Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628*

