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