

COMMUNITY HOUSING NETWORK, INC.

GRIEVANCE FORM

INSTRUCTIONS

1. Please review the Tenant Rights Policy before completing this form.
2. If you need assistance in completing this form, please contact the Tenant Rights Officer at CHN.
3. Please return this form to CHN. The Tenant Rights Officer will contact you within three working days.

Date: _____

Resident Name: _____ Case Manager: _____

Address: _____ Phone Number: _____

Complaints/Grievances:

- | | | |
|--|--|--|
| <input type="checkbox"/> Staff Treatment | <input type="checkbox"/> Housing | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Neighbors Using Drugs | <input type="checkbox"/> Neighbors Disturbing Peace |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Billing (Rent) | <input type="checkbox"/> Quality of Service: Maintenance,
Accounting, Coordinator |
| <input type="checkbox"/> Agency Policy | <input type="checkbox"/> Breach of Confidentiality | |
| <input type="checkbox"/> Subsidy Termination | | |

Information about grievance. Summarize attempts to resolve this problem.

Other relevant information.

Distribution:

- Original to Tenant Rights Officer
- Copy to Resident
- Copy to Case Manager