

Peoria Housing Authority

Moving Families Forward

GRIEVANCE FORM: REQUEST FOR INFORMAL HEARING

Date: _____

| | | |
|-----------------|--------------------|----------|
| Name: | | |
| Street Address: | | |
| City | State | Zip Code |
| Home Telephone: | Contact Telephone: | |

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| I am a PHA resident at: (Please check one) — Sterling Towers — Harrison Homes — Taft Homes — Scattered Sites | I am a Housing Choice Voucher holder _____ |
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| I am requesting an Informal Hearing because |
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Date of PHA Correspondence/Letter _____

Copy of PHA Correspondence Attached Yes No



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| Relief Sought, Outcome Desired: |
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I understand that I will be notified in writing concerning the date and time of my hearing and that I will be notified of the results of the hearing within ten (10) business days following the hearing. Further, I understand that all notification letters will be sent via certified mail and will require a signature.

(For Public Housing Residents) I understand that if I am not satisfied with the results of the informal hearing, I may request a formal hearing.

Signature: _____ **Date and Time Submitted** _____

The Peoria Housing Authority is committed to providing reasonable accommodations for persons with disabilities to participate in grievance hearings. Would you need any special assistance at the time of the hearing? **YES** **NO**

If yes, please explain: _____

| | |
|---|--|
| FOR INTERNAL USE ONLY | |
| INFORMAL HEARING: DATE: _____ TIME: _____ LETTER SENT: _____ (Copies Attached) | |
| UPHELD _____ OVERTURNED _____ LETTER SENT: _____ (Copies Attached) | |
| NOTES: _____ _____ _____ | |
| GRIEVANCE HEARING OFFICER SIGNATURE: _____ | |

