



# GRIEVANCE FORM

Teton County Housing Authority

Please submit this form along with \$25.00 fee to Teton County Housing Authority. Staff will forward to TCHA Board of Directors within 30 days who will render a decision at the next scheduled Board Meeting. Applicants will be provided an opportunity to provide evidence to the Board supporting the Grievance.

Date Submitted \_\_\_\_\_

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name and contact information for complainant's representative \_\_\_\_\_

Grounds upon which Grievance is based \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action or remedy requested \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

*Please attach extra pages if more space is needed*

*For TCHA Use Only*

\_\_\_\_\_  
*Date Received*