



**TENANT REQUEST FOR GRIEVANCE HEARING**

*(This information is available in an alternative format upon request.)*

**Tenant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Tenant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In accordance with the grievance policy of the Nevada Rural Housing Authority, I am requesting a grievance hearing for:

**REASON (Check appropriate box):**

- Termination of Assistance
- My denied request for a reasonable accommodation
- My denied request to add a family member
- My denied request to add a full-time live-in aide
- Other (describe):

Please list attorney, service agency, or medical provider(s) that will be representing you at the grievance hearing. Please include a mailing address and daytime telephone number for each:

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

If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. Please list the specific type of assistance you need:

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

We will notify you that the requested accommodation is granted and will be provided, that more information is required, or that the request is denied.

**PLEASE MAIL REQUEST TO:** Nevada Rural Housing Authority  
3695 Desatoya Drive  
Carson City, NV 89701

**THIS IS AN IMPORTANT DOCUMENT. IF YOU REQUIRE INTERPRITATION, PLEASE CALL (775) 886-7969 OR COME TO OUR OFFICE.**



3695 Desatoya Drive Carson City, NV 89701 • P: 775-887-1795 • F: 775-887-1798  
TDD: 800-545-1833 ext. 545 • [nvrural.org](http://nvrural.org) • [help@nvrural.org](mailto:help@nvrural.org)  
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