

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.

