Exhibit A

GRIEVANCE COMPLAINT

NAME: _____

Print Clearly

ADDRESS: _____

Include Unit Number

COMPLAINT: Please include all facts relating to your complaint. Attach additional sheets if necessary

_____
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Please write down what action you would like the Authority to take to resolve your complaint. Please be as specific as possible.

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_____.

If you require a reasonable accommodation due to a disability you may contact the Housing Authority to make a request. This form is available in alternative format upon request.