Springfield Housing Authority

Grievance: Request for Hearing

Name:	Phone Number		
Address:	Public Housing	or Section 8	
Reason For Grievance:			
Date of SHA Correspondence/Letter/"Bar Notice	<u>. </u>		
Conv. of SHA Correspondence Attached		No	

Relief Sought, Outcome Desired:						
Ter	nant Signature		SHA Staff Signa	ture		
	-		-			
Date a	and Time Submitted		Date and Time R	eceived		
The Springfield Housing Authority is comitted 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:				Copies Attached		
GRIEVENCE HEARING OFFI	CER SIGNATURE:					
FORMAL LIFADING	DATE.	TIME.	LETTER SENT:			
FORMAL HEARING:				Copies Attached		
	UPHELD	OVERTURNED	LETTER SENT			
				Copies Attached		
NOTES:						
CDIEVENCE HEADING OFFI	CER SIGNATURE					
GRIEVENCE HEARING OFFI	CEN SIGNATURE.					