

Resident Grievance Hearing Request Form

Name: _____

email: _____

Address: _____

Phone: _____

In accordance with the public housing grievance policy, I am requesting a grievance hearing for the reason checked below:

- | | |
|---|--|
| <input type="checkbox"/> Nonpayment of rent | <input type="checkbox"/> Denial of Request for Pet |
| <input type="checkbox"/> Lease violation (eviction) | <input type="checkbox"/> Remaining member of family |
| <input type="checkbox"/> My denied request for a reasonable accommodation | <input type="checkbox"/> Denial of transfer request |
| <input type="checkbox"/> My denied request to add a family member | <input type="checkbox"/> PHA is requiring me to transfer |
| <input type="checkbox"/> My denied request to add a full- time live-in aide | <input type="checkbox"/> Other (describe): _____ |

Specify the relief sought (*required*). _____

An informal settlement conference with _____ took place on (date)_____ and I want to appeal (dispute) the decision of that conference.

NOTIFICATION OF RIGHTS and RESPONSIBILITIES REGARDING THE GRIEVANCE HEARING

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 will need, if any:

You will be contacted if the requested accommodation will be provided, if more information is required, or that the request is denied.

You have requested a grievance hearing because you are appealing the decision of your informal settlement conference. Please read the information below to prepare for your grievance hearing.

You have the right to request a grievance hearing to decide whether the action taken against you was justified or to show that the PHA failed to act as required by your lease. You have the right to a fair hearing, which will be decided by a duly appointed, independent hearing officer. The hearing will be less formal than a court trial, but is an official proceeding where both sides present evidence. The Hearing Officer/Panel will be selected in accordance with the PHA Grievance Procedures (attached). Please be aware of your rights and responsibilities.

(Optional based on PHA Policy) The PHA must be given the opportunity to examine any documents you intend to utilize/present for the hearing and review a list of witnesses (if any), at the housing authority offices, before the scheduled hearing. This process is known as “discovery”. These documents and the list of witnesses (if any) must be submitted to your management office at least three (3) workdays before the date of the scheduled hearing. The PHA must be allowed to copy any

such document(s). If you do not make the documents you intend to utilize/present at the hearing available for examination, the family may not present the documents at the hearing.

The PHA shall present the facts supporting the action proposed in the notice of intended action or the PHA's failure to act. The PHA bears the overall burden of proving the allegations by a preponderance of evidence.

SUMMARY OF THE HEARING PROCESS

1. **Your testimony:** What you have to say about your side of the case.
2. **Documents:** You may present letter(s), doctors' reports, receipts, official notices, etc. provided you submitted these documents to the PHA (as described above) at least 3 business days before the hearing
3. **Witnesses:** You may bring witnesses who have personal knowledge of the facts of the case to give their testimony. You may submit a list of witnesses to the PHA at the management office up to three (3) workdays before the date of the hearing.
4. **Representation:** You have the right to be represented by an attorney or other appropriate person(s) at a hearing. If you obtain representation, you must notify your management staff at the community you reside with at least three (3) workdays prior to the hearing.
5. **PHA file:** You may review your file and the PHA will make copies of anything pertinent to your case at your (the complainant's) expense (\$1.00 per page). Your review should be completed at least three (3) workdays before the date of the hearing.
6. **Reasonable Continuance:** The opportunity to receive a **reasonable continuance for "good cause"** is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.
7. **Taped proceedings:** The hearing may be recorded.
8. **Questions:** You may ask questions of any witnesses who testify against you.
9. **Reasonable Accommodation:** As you have already been notified, 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. You must specify what accommodation you are requesting, before the hearing, by contacting _____.
10. **Withdrawal:** You may **withdraw** your hearing request at any time by informing the PHA, in writing, of your request.
11. **Notification of Decision:** You and the PHA will be provided with a written decision of the Hearing Officer or Hearing Panel, as applicable, within a reasonable time after the hearing.
12. **Decision:** The decision of the Hearing Officer or Hearing Panel shall be binding on the PHA which shall take all actions, or refrain from actions, necessary to carry out the decision unless the PHA Board of Commissioners determines within a reasonable time, and promptly notifies the complainant of its determination, that:
 - a. The grievance does not concern PHA action or failure to act in accordance with or involving your (the complainant's) lease on PHA regulations, which adversely affect your rights, duties, welfare, or status; or

- b. The decision of the Hearing Officer or Panel is contrary to applicable Federal, State or local law, HUD regulations or requirement of the annual contributions contract between HUD and the PHA.

13. **Judicial review:** Any decision denying relief sought by the complainant in whole or in part shall not constitute a waiver of any rights the complainant may have to a trial or in any judicial proceedings which may be brought in the matter.

YOUR RESPONSIBILITIES

You have an obligation to tell the truth at all stages of the proceedings.

You have the obligation to prepare your case and be ready on the date of the hearing.

If you need to delay the hearing, you must request and show good cause prior to the hearing date.

If you fail to appear, the hearing will be considered abandoned. The PHA shall then follow through with the intended action.

You may request, in advance, that the PHA provide an interpreter or mechanical facility to overcome language or other communication disabilities.

Resident Signature

Date

For Office Staff Only

☐ Grievance Hearing Scheduled to be held on:

Date: _____ Time: _____ Location: _____

☐ The Grievance Hearing Procedures are not applicable to this request.

Reason: _____

☐ Date Letter Mailed to Tenant: _____

Signature – PHA Representative

Date

SAMPLE