

**ASSISTED HOUSING COMPLEXES
MANAGED BY HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT, INC.
APPLICANT/TENANT GRIEVANCE FORM**

All applicants/tenants have the right to file a grievance regarding a complaint. A complaint is an actual or supposed circumstance which is regarded as just cause for protest or which requires resolution.

A grievance must be filed as soon as possible, but no later than ten (10) working days following the date of the alleged incident, unless there are extenuating circumstances which prevent filing the grievance sooner.

- STEP 1.** The person having the complaint shall discuss it with the Housing Manager, utilizing this Applicant/Tenant Grievance Form. The Housing Manager shall give a written response to the Grievant within five (5) working days. The response shall be considered to be received the day after the date of the response. The Grievant shall either accept the decision, or proceed to STEP 2.
- STEP 2.** The Grievant shall request a Review Hearing with the Management Agent within five (5) working days of receipt of the Housing Manager's response. A representative of the Management Agent shall respond in writing within five (5) working days of receipt of the Grievant's request, setting a time for the Review Hearing within fourteen (14) working days, unless a later date is mutually agreed upon by both parties.
- STEP 3.** The Review Hearing will be conducted by the Executive Director of Human Resource Development and Employment, Inc. or by his designee. The Grievant and the Management Agent may both have people of their own choosing present at this Hearing, provided notice is given to the other party 24 hours prior to the start of the meeting. If necessary, the Management Agent will assign appropriate staff to investigate the complaint and do research in order to reach a proper decision. The decision of the Management Agent will be submitted in writing to the Applicant/Tenant within 20 working days of the Review Hearing. This decision shall be final.

If the Applicant/Tenant is not satisfied with the decision of the Management Agent, he/she may contact the Charleston Office of the United States Department of Housing and Urban Development (or the West Virginia Housing Development Fund, if it is the Contract Administrator for the housing facility) to investigate any options that may be provided for further consideration.

WORKING DAYS IS CONSIDERED TO BE NORMAL BUSINESS HOURS, MONDAY THROUGH FRIDAY, EXCLUDING HOLIDAYS RECOGNIZED BY THE COMPANY.

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NAME OF COMPLAINANT: _____	DATE OF FILING: _____
ADDRESS: _____	SS# _____
_____	PHONE: _____
HOUSING PROJECT: _____	ZIP CODE: _____
ADDRESS: _____	PHONE: _____
_____	ZIP CODE: _____
HOUSING MANAGER: _____	

STEP 1. (Attach additional sheets if necessary.)

NATURE OF COMPLAINT

REMEDY SOUGHT

DECISION OF HOUSING MANAGER

HOUSING MANAGER'S SIGNATURE

DATE

COMPLAINANT'S ANSWER TO THE HOUSING MANAGER'S DECISION

_____ I am satisfied with the Housing Manager's decision.

_____ I am not satisfied with the Housing Manager's decision and wish to proceed to STEP 2.

COMPLAINANT'S SIGNATURE

DATE

STEP 2.

DATE, TIME, & PLACE OF REVIEW HEARING CONFIRMED WITH APPLICANT/TENANT FOR:

SIGNATURE OF PERSON SCHEDULING HEARING

DATE

COMPLAINANT'S SIGNATURE

DATE

STEP 3.

DECISION OF MANAGEMENT AGENT

MANAGEMENT AGENT'S SIGNATURE

DATE

COMPLAINANT'S ANSWER TO MANAGEMENT AGENT: _

_____ I am satisfied with the Management Agent's decision.

_____ I am not satisfied with the Management Agent's decision. I understand that I may contact the Charleston Office of the United States Department of Housing and Urban Development (or the West Virginia Housing Development Fund, if that agency is the Contract Administrator for the housing facility) to pursue additional options that I might have.

COMPLAINANT'S SIGNATURE

DATE

EO OFFICER SIGNATURE

DATE

EXECUTIVE DIRECTOR SIGNATURE

DATE