

600 Park Avenue Bremerton WA 98337 (p) 360-479-3694 (f) 360-616-2927 www.bremertonhousing.org

## PARTICIPANT REQUEST FOR INFORMAL HEARING (GRIEVANCE)

PARTICIPANT NAME:	REPRESENTATIVE'S	
NAME:	NAME:	
ADDRESS:	ADDRESS:	
PHONE:	PHONE:	
	HEARING MUST BE FILED WITH THE BUSINESS DAYS FOLLOWING THE DATE	
1. Describe in detail what action the H the grounds for that action:	lousing Authority has taken against you and	
Date of Action:		
2. List the names of all Housing Authoraction:	ority employees who are involved in this	





Signature Date
(BHA USE ONLY)
3. ACTION TO BE TAKEN