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PARTICIPANT REQUEST FOR INFORMAL HEARING (GRIEVANCE)

PARTICIPANT NAME	REPRESENTATIVE'S NAME (IF APPLICABLE)
_____	_____
ADDRESS	ADDRESS
_____	_____
_____	_____
PHONE AND/OR EMAIL	PHONE AND/OR EMAIL
_____	_____

A REQUEST FOR AN INFORMAL HEARING MUST BE FILED WITH THE HOUSING AUTHORITY WITHIN 10 BUSINESS DAYS FOLLOWING THE DATE OF THE ACTION

1. Describe in detail what action the Housing Authority has taken against you and the grounds for that action:

Date of Action: _____

2. List the names of all Housing Authority employees who are involved in this action:

2. REMEDY REQUESTED - REQUIRED

Signature _____ Date _____

(BHA USE ONLY)

3. ACTION TO BE TAKEN
