



Date: _____

Grievance Procedure Form (For Participants and Residents Only)

Name: _____

	Participant/Resident Number:
1.	Please provide a detailed description of your disability related grievance:
2.	Please attach a copy of the Decision Letter received or copy/paste the Decision below:
3.	Please provide the reason for your grievance:
4.	Please provide any additional documentation received from your knowledgeable professional since you received the original Decision.
Coord	Note: Within ten (10) working days of receiving your written grievance, the ADA/504 nator will contact you in an attempt to resolve the grievance and will provide a written se to you within fifteen (15) business days of contact. This process is not available to unts.
Release of Information: I certify that the information provided on this form is true and accurate. I give CHA permission to discuss the requested accommodation with my	
knowledgeable professional.	
Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.	
f you l	ave any questions, please contact the ADA/504 Coordinators at <u>ADAcoordinator@thecha.org</u> .
ignature of Complainant Date	