WCHA

WHITE COUNTY HOUSING AUTHORITY

Pamela Deig, Executive Director 500 Fourth Street, Crossville, IL 62827 Phone: 618-966-3868 Fax: 618-966-2303

FORMAL GRIEVANCE REQUEST

An informal hearing was held	on			_	
I am dissatisfied with the outc	ome of the informal	hearing and now r	equest a fo	rmal hearing.	
The reasons for the grievance	are as follows:				
The action of relief sought fro	m the PHA is as foll	ows:			
List several dates and times in hearing:	the next 10 working	g days when you ar	e available	to attend a grievance	;
Date	Т	ime			
Date					
Date					
Date	Γ	ime		<u>.</u>	
Request made by (print name)):				
Apartment #:					
Location (please circle):	CROSSVILLE	GRAYVIL	ĹE	NORRIS CITY	
Signature:		Date:			