



Grievance Procedure Form
(For Participants and Residents Only)

Name: _____

Date: _____

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.

Please Note: Within ten (10) working days of receiving your written grievance, the ADA/504 Coordinator will contact you in an attempt to resolve the grievance and will provide a written response to you within fifteen (15) business days of contact. This process is not available to applicants.

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.

If you have any questions, please contact the ADA/504 Coordinators at ADACoordinator@thecha.org.

Signature of Complainant

Date