

HOUSING AUTHORITY OF THE COUNTY OF MARIN

REQUEST FOR GRIEVANCE HEARING

DATE: _____ **PROGRAM:** _____

TO: Compliance Officer

FROM: _____

ADDRESS: _____

Statement of Grievance – the decision I disagree with or problem I am asking to resolve:

Action Requested of the Housing Authority:

Received by: _____ **Date:** _____

You will receive a response within 10 working days to schedule a meeting or hearing, as appropriate.