Tenant Rights Grievance Form

COMMUNITY HOUSING NETWORK

1. If you need assistance completing this form, please contact the tenant rights officer.
2. Please return this form to Community Housing Network. The tenant rights officer will contact you within three working days.

Tenant Name | Tenant Address | Tenant Phone Number

Case Manager | Case Management Agency | Case Manager's Phone Number

Please provide details about the grievance(s), including the date, approximate time, description of the incident, and names of the individuals involved in the incident or situation.

Tenant Signature | Date

The grievance must be dated and signed by the tenant or an individual filing the grievance on behalf of the tenant, or the grievance must have an attestation by the Tenant Rights Officer that the written grievance is a true and accurate representation of the tenant's grievance.

The written grievance is a true and accurate representation of the tenant's grievance.

Tenant's Rights Officer Signature | Date

FOR OFFICE USE ONLY: