

**BHA**  
**Request for Hearing or Appeal on Grievance**

Please use this form to request an informal hearing on your grievance about something that BHA did or failed to do. Your informal hearing will be with Penny Taylor, at the BHA offices. After your informal hearing you will be informed in writing of the outcome of that hearing. If you do not agree with that outcome, you have the right to request an appeal from the decision. This appeal form must be filed at the BHA offices within 15 days of your having received the decision of the hearing. The appeal will be at a hearing held by Lindsay Vajda. Please use this form to request EITHER an informal hearing or an appeal.

NAME: \_\_\_\_\_

Landlord or Tenant? \_\_\_\_\_

Hearing or Appeal? (choose one): \_\_\_\_\_

Address of person filing grievance: \_\_\_\_\_

\_\_\_\_\_  
Address of property involved in grievance (if different): \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

My Grievance involves:

- Termination of Tenancy
- Rental Amount
- Other (please explain and use reverse of this paper if more space is needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Printed name \_\_\_\_\_

Date: \_\_\_\_\_

Received by BHA

By: \_\_\_\_\_

DATE: \_\_\_\_\_