



# Housing Alliance and Community Partnerships

711 North 6<sup>th</sup> Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

## PARTICIPANT REQUEST FOR AN INFORMAL HEARING GRIEVANCE

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A request for an Informal Hearing needs to be filed with HACP within ten (10) business days following the date of the Action you are asking to grieve.**

**A. Describe in detail the action that HACP has taken against you and the reason HACP took the action:**

**Date of Action:** \_\_\_\_\_

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*Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.*

**HACP is an Equal Opportunity Employer.**

***If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529***



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## B. List the names of HACP's Staff who are involved in this action:

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## C. Remedy Requested and/or Required:

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Signature: \_\_\_\_\_

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

## HACP Use Only Action to be Taken:

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