

# NORTH EAST TEXAS HOUSING PARTNERS

(Formerly the Housing Authority of the City of Paris)  
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Paris, Texas 75460  
Phone (903) 784-6651 Fax (903) 784-6678

LEFT BLANK FOR OFFICE USE ONLY

## REQUEST FOR GRIEVANCE HEARING

**DIRECTIONS:** Complete this form, in its entirety, and return to the **Office** within **ten (10) days** of your receipt of the Notice from the PHA. Use the back of this sheet or another sheet of paper, if necessary.

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

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

State, in **DETAIL**, the **CIRCUMSTANCES** surrounding this request for a Grievance Hearing:

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

State, in **DETAIL**, your reasons for this Grievance Hearing request and the **POINTS** which you dispute:

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

State the **ACTION** or **RELIEF** which you seek: \_\_\_\_\_

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

List **several dates and times** in the next ten (10) working days that you will be available to attend:

1st Date & Time: \_\_\_\_\_ 2nd Date & Time \_\_\_\_\_

3rd Date & Time: \_\_\_\_\_ 4th Date & Time: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date