

**Attachment A**

**REQUEST FOR INFORMAL REVIEW, INFORMAL HEARING OR GRIEVANCE  
HEARING**

This completed Request Form must be submitted to HAGC's Grievance Coordinator no later than thirty (30) calendar days from the date of HAGC's adverse action or decision for informal reviews and informal hearings, and no later than ten (10) calendar days from the date of the mailing of the summary of the Informal Settlement Conference for grievance hearings. Late requests will not be processed unless the requestor demonstrates the delay was due to extraordinary circumstances beyond the requestor's control (proof of extraordinary circumstances shall be attached to this Request Form). The HAGC Hearing Officer will determine whether HAGC's adverse action or decision is compliant with HUD regulations and HAGC's Administrative Plan and policies, based upon the evidence and testimony provided during the review or hearing. Factual determinations relating to the individual circumstances of the family will be based on a preponderance of the evidence presented during the review or hearing. See HAGC's Grievance Policy for more information.

Head of Household: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Are you a:     Program Participant     Program Applicant     HAGC Resident

Program: \_\_\_\_\_

Date of HAGC's adverse action or decision: \_\_\_\_\_

Describe HAGC's adverse action or decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a clear and concise statement of the reason(s) for disputing HAGC's adverse action or decision. The requestor shall attach all supporting documents and evidence to this Request Form, including but not limited to medical professional correspondence, landlord correspondence, employer correspondence, rehabilitation center correspondence, photographs, and notarized witness statements (witnesses must attend any review or hearing for cross examination by HAGC representatives). Any supporting documents and evidence not provided to HAGC's Grievance Coordinator may not be used during the review or hearing. (Please attach additional pages as necessary)

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Following review of your request, the HAGC Grievance Coordinator will notify you in writing that your request has either been approved or denied in accordance with HAGC's Grievance Policy. If approved, the notification will contain the date scheduled for your review or hearing. For rules governing reviews or hearings, please see HAGC's Grievance Policy. You have the right to be represented during a review or hearing.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date