

Housing Authority of Murray
716 Nash Drive, Murray, Kentucky, 42071
Grievance Request Form

In accordance with HAM policy, any grievance or complaint must be personally presented, if possible, to the main office of HAM. This grievance ***must be signed by the Complainant*** and filed at our office by the Complainant or an assigned representative ***within five (5) working days*** of the HAM notification of action that is the basis of this grievance. If this form is not personally presented to HAM by the Complainant, but by an assigned representative of the Complainant, *please provide all contact information of the representative.*

Date: _____

Please state the particular grounds upon which your grievance is based:

Please state the action that you are requesting from the Housing Authority of Murray:

Complainant's Name

Representative's Name (if applicable)

Complainant's Signature

Representative's Signature

Complainant's Address

Representative's Address

Complainant's Telephone Number

Representative's Telephone Number

You will receive a letter stating the details of your Grievance Hearing within 5 business days of receipt of this Grievance Request Form.

Office Use Only:

Received by: _____ Date: _____