



# YAKAMA NATION HOUSING AUTHORITY

611 S. Camas Ave. • P.O. Box 156  
Wapato, Washington 98951-1499  
Phone (509) 877-6171 • Fax (509) 877-7830

## GRIEVANCE / COMPLAINT FORM

Please complete all entries by using an ink pen (NO Pencil entries please).  
For entries that are NOT APPLICABLE, please mark N/A. If you do not know what to put or are not sure what to put please notify the Housing Department staff or leave blank.  
Thank you! ☺

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

THIS COMPLAINT IS IN REGARDS TO \_\_\_\_\_

(List Individuals Name)

### DETAILS OF COMPLAINT

Reason For Complaint / Grievance with Date, time, and facts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Were There Witnesses: Yes  No

If Yes, Please Provide Their Names And Phone Numbers:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Are there police reports & legal documents? Yes  No

If yes, please attach copies.

3. Were Complaints Previously Filed Regarding This Matter?

Yes  No

4. What has steps have been taken to resolve issue? Yes  No

A) Talk \_\_\_\_\_ B) Call Police \_\_\_\_\_ C) Other \_\_\_\_\_

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

5. What actions are you requesting YNHA to do?: \_\_\_\_\_

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

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IF MORE SPACE IS REQUIRED, CONTINUE ON A SEPARATE  
sheet of paper and attach to this form

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**CERTIFICATION**

I, \_\_\_\_\_, affirm that the information  
Provided is true and correct to the best of my knowledge. I further understand that  
misrepresentation of facts constitutes fraud and could  
Subject me to legal proceedings.

\_\_\_\_\_  
(signature )

\_\_\_\_\_  
(date )

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**NOTE:**

In accordance with the Housing Department Grievance/ Complaint Policy, all Grievances /  
Complaints must be filled out completely & signed before they will be investigated or acted  
upon by the Housing Department.

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## Acknowledgement of Grievance/ Complaint

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

Dear \_\_\_\_\_.

1. This letter serves to acknowledge receipt of your COMPLAINT, DATED \_\_\_\_\_, and received by the Housing Department on \_\_\_\_\_.
2. Your Complaint has been forwarded to the Housing Department Manager for review and comments.
3. You can expect a response from the YNHA, NO LATER than \_\_\_\_\_.
4. If you have any questions regarding the Housing Department Grievance / Complaint Policy, please feel free to call (509)877-6171.

Sincerely,

\_\_\_\_\_  
Housing Department Staff Signature

Attachment: Copy of Original Grievance / Complaint

## GRIEVANCE / COMPLAINT REVIEW FORM

NAME OF PERSON FILING GRIEVANCE / COMPLAINT: \_\_\_\_\_

NAME OF ACCUSED: \_\_\_\_\_

DATE GRIEVANCE / COMPLAINT RECEIVED BY HOUSING DEPARTMENT: \_\_\_\_\_

ADDITIONAL COMMENTS / FACTS PROVIDED BY: \_\_\_\_\_  
( Each Staff Members Name )

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Date Received By Manager: \_\_\_\_\_

Manager's Comments: \_\_\_\_\_

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Manager's Recommended Action(s): \_\_\_\_\_

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Manager's Response To Complainant Sent Out On: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Grievance / Complaint Received Housing Enforcement Specialist: \_\_\_\_\_

HEW'S Comments: \_\_\_\_\_

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HEW'S Response To Grievance / Complaint Sent Out On: \_\_\_\_\_

HEW'S Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Deputy Director Review (if needed) Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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