

LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY

P. O. Box 187
Lac du Flambeau, WI 54538

(715) 588-3348 Office
(715) 588-7935 Fax



GRIEVANCE / COMPLAINT REVIEW FORM

NAME OF PERSON FILING COMPLAINT: _____

NAME OF ACCUSED: _____

DATE COMPLAINT RECEIVED BY LDFCHA: _____

ADDITIONAL COMMENTS / FACTS PROVIDED BY _____
(Enter Staff Members Name)

STAFF SIGNATURE: _____ DATE: _____

DATE COMPLAINT RECEIVED BY DIRECTOR: _____

DIRECTORS COMMENTS: _____

DIRECTORS RECOMMENDED ACTION(S): _____

DIRECTORS RESPONSE TO COMPLAINANT SENT OUT ON: _____

DIRECTORS SIGNATURE: _____ DATE: _____

cc: Program Manager(s) (as applicable)
Tenant File (as applicable)
Grievance / Complaints File

Atch: Original Grievance / Complaint