



DISTRICT OF COLUMBIA HOUSING AUTHORITY
 1133 NORTH CAPITOL STREET, NE
 WASHINGTON, D.C. 20002-7599

Request for Informal Hearing

Name	Phone No.	Social Security No.	
Property	Address		Zip Code
Voucher No.:	Case No.		

Tenant and Signatory to HCVP Contract **Applicant**

A. Description of Complaint:

B. This Complaint is based on the following action/inaction by HCVP:

C. Where known, name of HCVP employee who took (or failed to take) action:

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D. I request DCHA to take the following action:

I have discussed this matter with a representative from the HCVP and concluded that this matter cannot be resolved without an Informal Hearing.

_____ **Signature**

_____ **Date**

Written Complaint **Oral Complaint: Data above completed by DCHA staff**

Please Do Not Write Below This Line

Employee Receiving Complaint:

_____ **Signature**

_____ **Date**

: OFH : Participant/Applicant : Participant/Applicant File : OGC/Central Office