



**HOUSING
AUTHORITY OF
BILLINGS**

2415 1ST AVENUE NORTH
BILLINGS, MONTANA 59101
406-245-6391
www.billingsha.org

MONTANA RELAY: 711
FAX: 406-245-0387

Informal Settlement of Grievance Request

Request is/was made: Orally In Writing

Date of Request: _____ PHA Administrator Vickie Brian

Tenant Name: _____

Tenant Address: _____

Tenant Phone: _____

Reason for Request: _____

Tenant Print Name

Tenant Signature

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority well in advance of the meeting so that we can make the necessary arrangements.

Office Use Only: Meeting Scheduled for : _____



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.