



STANDING ROCK HOUSING AUTHORITY

1333 92nd Street, P.O. Box 769
Fort Yates, North Dakota 58538
Telephone: (701) 854-3891
Toll Free: 1-800-262-3891
Fax: (701) 854-3855
standingrockhousing.org



How Can We Help?

Name: _____ Date: _____

District: _____ Unit: _____ Phone/Email: _____

Have you contacted your Resident Service Specialist about this issue? (Please check one)

Yes. What was the outcome? _____

No. If no, why not: _____

Why are you contacting us today? (Please check as many as apply)

Building / Unit / Site Management

- | | |
|---|---|
| <input type="checkbox"/> 3 Day Pay or Vacate Notice received. | <input type="checkbox"/> Submit your notice of intent to vacate. |
| <input type="checkbox"/> 5 Day Notice to Comply with Rental Agreement received. | <input type="checkbox"/> Resident Service Specialist not available. |
| <input type="checkbox"/> Eviction paper work. | <input type="checkbox"/> Work Order issues. |
| <input type="checkbox"/> Make rental payment. | <input type="checkbox"/> Charge Back issues. |
| <input type="checkbox"/> Parking issues / Towed vehicles / unauthorized parker. | <input type="checkbox"/> Maintenance issues. |
| <input type="checkbox"/> Moving-out. | <input type="checkbox"/> Neighbor issues. |
| <input type="checkbox"/> Other (please state): _____ | <input type="checkbox"/> Recertification. |

Level of concern: 1 2 3 4 5 (With #1=Low & #5=High)

Waiting List / Application Process

- | | |
|--|---|
| <input type="checkbox"/> Denial / Cancellation / Rental application process. | <input type="checkbox"/> Move-in / Adding to Composition. |
| <input type="checkbox"/> Other (please state): _____ | |

Please explain your concern in the space below; be as detailed as possible. If you need more space to explain your issue, please use the back of this form. Sign and date the form and give it to the SRHA receptionist or mail it to: Standing Rock Housing Authority, ATTN: Executive Director, 1333 92nd Street, PO Box 769, Fort Yates, ND 58538.

Resident Signature

Date

Please Note: We encourage you to speak with your Occupancy Specialist when you have concerns related to your tenancy. If you have contacted your Occupancy Specialist to discuss your concern and are not satisfied with the outcome you may use this form to communicate your concern in writing to the Occupancy & Residential Manager, or Executive Director. A staff member will contact you within two business days to acknowledge receipt of this form. You will receive a response to your grievance within 10 business days

Date rec'd:	By Mail? <input type="checkbox"/> In Person? <input type="checkbox"/> By Phone? <input type="checkbox"/>	Completed by: <input type="checkbox"/> resident <input type="checkbox"/> staff	Forwarded to:
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