



**REQUEST FOR GRIEVANCE HEARING OF REASONABLE
ACCOMMODATION REQUEST DECISION**

Applicant/Participant's Name _____

Address _____

Telephone Number _____

RRHA Property Manager (if applicable) _____

Brief explanation of the nature of your reasonable accommodation request grievance:

I request a hearing regarding my request for reasonable accommodation. The purpose of the hearing is to discuss a decision to reconsider the determination of denial or no further action.

Name (Printed)

Telephone

Signature

Date

Return this completed form to:

Calandra Trotter
Assistant Vice President for Housing Compliance &
Section 504 Coordinator
600 East Broad Street
Richmond, VA 23219
Phone: (804) 780-4200 (TTY 711)
Email: Compliance@rrha.com