



LOS ANGELES HOUSING DEPARTMENT

ACCESSIBLE HOUSING PROGRAM (AcHP)

Grievance Appeal Instructions and Form

If you've received a Notice of Determination of a Grievance, to which you were a party and you were not satisfied with the determination, you may file an appeal of that determination, provided you do so within 15 working days of your receipt of the Notice of Determination. An extension of time or late filing may be granted for good cause or as a reasonable accommodation for an Individual with Disabilities.

HOW TO FILE AN APPEAL

Appeals can be submitted in writing to the LAHD General Manager by any of the following methods. Please write "Appeal" in the subject line or on the envelope:

- a. Online through the fillable form at the LAHD AcHP Compliance Website: accesshousingla.org, under the "Tenants & Applicants", menu, "Grievance Appeal".

When an Appeal is made online using the Internet, the parties and/or their representatives will receive an automatic message that the appeal has been received by LAHD, if an email address has been

provided.

b. By Email to the LAHD Accessible Housing Program (AcHP):

lahd.achp@lacity.org

c. By U.S. Mail to:

Accessible Housing Program, LAHD

Attention: LAHD General Manager

221 Figueroa St., Suite 1400

Los Angeles, CA 90012

d. By Telephone to the LAHD AcHP: 213-808-8550. AcHP staff will return the call to respond to the message and provide assistance or complete the Appeal Form on behalf of the Appealing Party.

The Appeal Form is available to view and download from the LAHD AcHP Compliance Website. You may also ask to have a form mailed to you by emailing the address above or calling the AcHP phone number listed above. The use of the Appeal Form is preferred but not required. If the form is not used, please include all information requested on the form, including that you are appealing a Notice of Determination of a Grievance.

Accessible Housing Program's Grievance Appeal Form

PART ONE: GENERAL INFORMATION

1. Contact Information for Person Who is Appealing a Notice of Determination of a Grievance

First Name:

Middle Name:

Last Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Home/Business Address:

Unit No:

Preferred Language:

Preferred Method of Contact, including TTY or other format:

2. If Different from Above, Contact Information for Person
Completing This Form

Relationship to person who has the Grievance:

First Name:

Middle Name:

Last Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Home/Business Address:

Unit No:

Preferred Method of Contact, including TTY or other format:

3. Is this appeal related to a specific location or housing development?

Yes If yes, please complete #4. No

4. Address Where Grievance Occurred (if applicable)

Same Address as Person Who is Appealing a Notice of Determination of a Grievance (#1 above):

Yes No

If No, Address Where the Grievance Occurred:

Housing Development or Location Name:

Address:

PART TWO: APPEAL INFORMATION

1. Please provide a brief description of the grievance including relevant date(s), name, title, and contact information of parties involved, if available, and any additional information. Please attach any documents related to your grievance.

2. Have you received a written Notice of Determination of the Grievance? If so, please attach a copy.

Yes No

If so, on what date?

3. Who was the original grievance against?

Property Owner/Manager? Yes No

HCIDLA? Yes No

4. Explain why you disagree with the decision on the grievance.
(You may attach additional pages if necessary.)

Under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA), the Los Angeles Housing Department does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations for individuals with disabilities to ensure equal access to its programs, services and activities, and will provide including auxiliary aids and services to ensure effective communication with individuals with disabilities to ensure equal access to its programs, services and activities. To ensure availability of auxiliary aids or services, or to request a reasonable accommodation, please call (213) 808-8550 or email lahd.achp@lacity.org at least 3-5 working days in advance of when you will need the auxiliary aids or services or the requested accommodation. Later requests will be considered to the extent possible.