

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
DISABILITY RELATED GRIEVANCE FORM



If you would like to grieve the denial of your reasonable accommodation request or if you believe that you experienced discrimination due to your disability you can submit a written grievance request. The use of this form is preferred, but not required. If another written format is used, please make sure all the information requested below is included. Please write legibly, sign the form, and submit to:

Accessibility (Section 504) Coordinator
Housing Authority City of Los Angeles (HACLA)
2600 Wilshire Blvd – Planning Department
Los Angeles, CA 90057
coordinator@hacla.org

Name (print): _____ Reg # or Client # _____
Phone # (____) _____ E-mail Address: _____
Street Address: _____
City, State, Zip _____

This grievance is being filed due to (please check one):

- Denial of a reasonable accommodation request - Please complete Section **A** below
 Disability related discrimination incident - Please complete Section **B** below

Section A – Denial of Reasonable Accommodation Request

If you have not submitted an initial accommodation request, please do so orally or in writing to your worker, preferably using HACLA's Reasonable Accommodation Questionnaire form (S504-02) which is available at HACLA offices and website www.hacla.org/504.

If you have been denied a request, please attach a copy of your denial letter if available.

What was the requested accommodation? _____

Why was the accommodation denied? _____

Do you have any additional documentation for HACLA to consider? Yes No
If Yes, attach a copy of the documentation

Section B – Disability Related Discrimination Incident

Denial of a reasonable accommodation request does not in and of itself constitute discrimination.

Date(s) that the alleged discrimination occurred: _____

Name(s) of HACLA personnel/representative involved: _____

Describe the incident; include location(s), names of witnesses and any other information that is important to the case. Please write legibly and if you need more space, attach an additional page _____

Please sign this form and submit it to the HACLA Accessibility Coordinator (address at top of form)

Signature

Date