



REQUEST FOR INFORMAL HEARING

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Date of Request: _____

Reason for requesting a review: _____

If you are requesting protection under VAWA (Violence Against Women’s Act) please return form 5382- Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking Alternate Documentation with this request

If you need morning or afternoon, please specify and the reason for such. You may be asked to verify the need.

_____ **Special time of day needed and reason why:**

PLEASE MAIL REQUEST TO:

**DHC – Assisted Housing Department
2211 Orleans
Detroit, Mi. 48207**

You will receive notification by mail as to the date and time you will be required to appear for your hearing. Please make sure that you attend your hearing, or a decision will be made without your presence with any further right to a hearing. All hearing decisions are final. If you do not request a hearing by the date given in your letter, you will forfeit your right to a hearing, and will be terminated on the given date.

If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. Please list the specific type of assistance you need: The hearing coordinator will notify you that the requested accommodation is granted and will be provided, that more information is required, or that the request is denied.

If necessary, you may request in advance an interpreter or mechanical facility to overcome language or other communication disabilities (provided by DHC).

2211 Orleans • Detroit, MI 48207 • 313.877.8000 • Fax 313-877-8107 • TDD/TTY (313) 877-8900 "Equal Housing Opportunity" DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.

