Request for Informal Review Form

You must submit your request for an informal review within fifteen (15) calendar days after the date of denial of assistance. The Housing Authority of the City and County of San Francisco will respond, in writing, within fifteen (15) calendar days following receipt of this request.

Participant Information	
Name:	**Client ID:**
Address:	
E-mail:	**Phone:**

Please specify your request

☐ **Informal Review** – *Please specify the issue you wish to dispute and the date of communication.*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I have attached a copy of the notice I am disputing: ☐ Yes ☐ No

_____ _____
Signature Date

A copy of the Grievance Procedure is available at www.sfha.org. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the Housing Authority of the City and County of San Francisco.