



HOUSING CHOICE VOUCHER PROGRAM

**Administrative Fair Hearing Form**

THDA's primary source of communication is email. Please check your email regularly for THDA correspondence. You may email, fax or mail all required documents using the contact information below.

Tennessee Housing Development Agency (THDA)

Attn: LIHEAP

502 Deaderick Street, 3<sup>rd</sup> Floor

Nashville, TN 37243

Email: [LIHEAP@thda.org](mailto:LIHEAP@thda.org)

**Please Note:** *The complaint will be reviewed by supervisory staff in the THDA LIHEAP division and/or THDA Executive staff within ten (10) business days of receipt. A response will be sent by mail or email to the address included in the complaint within no more than thirty (30) days of the receipt date. Please include a phone number in case additional information is needed to process the complaint.*

**Applicant Information:**

Name (first, middle initial, last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Information:**

Have you tried to resolve your complaint with the Subgrantee field office? ☐ Yes ☐ No

If yes, please provide the field office name, the date and the person you spoke with at the field office: \_\_\_\_\_

\_\_\_\_\_

Have you filed a complaint or contacted anyone outside of the Subgrantee or THDA about your concern (i.e. HHS, state or federal Congressperson, etc.)? ☐ Yes ☐ No

If yes, please provide the date, name of other person/agency contacted and the name of the person(s) you spoke with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Complaint Information:**

Describe the events in the order in which they occurred that have led to your complaint. Please include names, phone numbers (of any person outside of THDA), and dates involved with your concern/complaint. Be as brief and complete as possible to make the explanation clearer. Use separate sheet(s) of paper if you need more space.

Please include copies of documents related to your complaint. *Do not send original documents.*

**REASONABLE ACCOMMODATION & VIOLENCE AGAINST WOMEN ACT** If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice or if you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA), please contact 615.815.2165 or [RARequest@thda.org](mailto:RARequest@thda.org).



THDA is an equal opportunity, equal access, affirmative action employer.

