



GRIEVANCE FORM

I hereby request a reconsideration of a decision made on my application for assistance through the Rental or Utility Assistance Programs.

Please state the reason(s) why you are requesting a reconsideration of agency decision (please be as specific as possible -- use additional sheets of paper if necessary):

I was notified of the agency's decision by _____
in writing on _____, 20_____

My name is _____
My phone/message number is _____
My email is _____
My address is _____

Signature: _____ Date: _____

Mail to:
Opportunity Council
Attn: CS Prog Manager
1111 Cornwall Ave
Bellingham, WA 98225

Email to:
CS Program Manager:
CSProgMngr@oppco.org

In Person:
Opportunity Council
Document Window
1616 Cornwall Ave
Bellingham, WA 98225

OR

Drop Box
1111 Cornwall Ave
Bellingham, WA 9822