



## 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):

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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: \_\_\_\_\_

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

**Email to:**  
CS Program Manager:  
[CSProgMngr@oppco.org](mailto:CSProgMngr@oppco.org)

**In Person:**  
Opportunity Council  
Document Window  
1111 Cornwall Ave  
Bellingham, WA 98225

OR

Drop Box  
1111 Cornwall Ave  
Bellingham, WA 9822