



STATE OF NEVADA  
DEPARTMENT OF BUSINESS & INDUSTRY

HOUSING DIVISION

**CLIENT GRIEVANCE PROCEDURE**

**Northern Office**

1535 Old Hot Springs Road, Ste 50  
Carson City, Nevada 89706  
Tel.: (775) 687-2040 or (800) 227-4960  
Fax: (775) 687-4040

**Southern Office**

7220 Bermuda Road, Ste B  
Las Vegas, Nevada 89119  
Tel.: (702) 486-7220  
Fax: (702) 786-7227

<http://housing.nv.gov>

Email us at [NHDinfo@housing.nv.gov](mailto:NHDinfo@housing.nv.gov)

CJ Manthe  
Administrator

Brian Sandoval  
Governor

The Nevada Housing Division (NHD) provides funding to certain non-profits and local jurisdictions throughout the State of Nevada to serve clients on behalf of the Division, since often times the Division is not allowed to serve clients directly. Programs may include: The Weatherization Assistance Program, the Homeless Prevention and Rapid Re-housing Program, the Emergency Shelter Grant Program, HOME Investment Partnership Program, the Neighborhood Stabilization Program, and the Low-Income Housing Trust Fund Program.

If a client or potential client has a complaint, or would like to discuss action taken on an application for assistance with an agency that is providing services on behalf of NHD, and is unable to resolve the complaint informally with the agency, there is a complaint form which may be accessed. The Client Complaint Form is a formal way to ensure that complaints are considered at higher levels.

The first step in this process is to return to the agency where assistance was originally requested to file the formal complaint. Clients may request a conference with a representative from the agency. Every agency will have a procedure that must be followed in order to appeal a decision made or resolve a problem that has occurred.

If the issue or complaint is not resolved at the agency level, the second step is to appeal the agency's decision by submitting a request for a review of the agency's determination to the Division by completing the Client Complaint Form located on the back of this brochure. The request must be filed within 90 days from date the agency has denied assistance via the

Complaint Form stated in the previous paragraph, and should include copies of all documentation provided by the agency, including a denial letter.

Once the Division Administrator has reviewed all applicable documents and the Client Complaint Form, a determination will be made in writing, on whether or not the agency: 1) followed applicable program guidelines when determining client eligibility; and 2) provided proper notification to the client that includes an explanation as to why the client was determined to be ineligible to participate in the program or service. If needed a hearing may be scheduled that will include all parties in order for the Division to review the complaint.

**Note:** Agencies may be allowed to narrow the eligibility criteria for a program that is more restrictive than what is reflected within regular program regulations. An aggrieved individual may only file a grievance with the Division if it is determined that the agency did not follow the eligibility protocols as reflected within their Program Guidelines. Make certain to ask for a copy of the Program Guidelines before requesting a review by the Division, and include it with this form when submitted. All completed forms must be sent to:

**Nicole Nelson**

**Chief Assistant**

**Nevada Housing Division**

**1535 Old Hot Springs Road, Ste 50**

**Carson City, NV 89706**





State of Nevada Housing Division

**Grievance Form**

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This form should only be used when you feel you were wrongly denied assistance, or were not treated with courtesy, consideration and respect, by any agency acting on behalf of the Division, or by an employee or department of the Division.

**NO RETALIATION WILL BE TAKEN AGAINST YOU FOR FILING THIS COMPLAINT OR PROCEEDING WITH THE GRIEVANCE FORM.**

Date Form Completed: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

1. What is the name of the agency involved? \_\_\_\_\_

2. Provide the name and contact information, if available, of agency staff.  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the incident that prompted this complaint (attach additional pages if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing complaint: \_\_\_\_\_

Please provide this form, along with copies of all documentation pertaining to this incident, to one of the offices reflected on the front of this document

OFFICIAL USE ONLY

Received and logged into NHD Grievance Log: Date \_\_\_\_\_ Employee: \_\_\_\_\_

