







**BRIDGES WEST HANDBOOK-ATTACHMENT #5**  
**Written Appeal Form Clear and Present Danger**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have chosen to present only written objections to the termination notification, then this form must be completed and hand delivered to the Executive Director/authorized representative at 715 Douglas Street, Sioux City, IA 51101. This notice must be received by the Executive Director/authorized representative within 1 working/business days after service of the termination notification. Please refer to Occupancy Agreement Section 14 or Handbook Attachment #4 to ensure that your appeal is made in the proper manner.

Please explain your disagreement with the notification of termination. What are you appealing? Why are you appealing? How do you plan to resolve the issue and prevent it from happening again? Be as specific as possible. Include details, dates, times, names, etc. Attach additional pages if necessary.

Iowa Quality Standards: Supporting a Statewide System of Homelessness Services  
Sample Appeal Receipt and Forms  
Updated May 2015

***Internal Office Use***

Appeal Form was received by Center For Siouxland Apartments LLC/Bridges West Transitional Housing Program.

Received on \_\_\_\_\_

Received by \_\_\_\_\_