



Resident/Tenant Complaint Form

Date of Complaint: _____

Name of Person Filing Complaint _____

Check box that applies: Resident Maintenance Property Management

Other _____ (Please specify)

Address _____ Account #: _____

Property _____ Phone #: _____

.....
Name of Person Complaint Filed Against _____

Address _____ Account #: _____

.....
Nature of Complaint:

Was any Property Damaged?

Was anyone injured?

.....
Narrative Description of Incident (Please use additional sheet, if needed)

Were the Police called? Yes _____ No _____

Were the Paramedics called? Yes _____ No _____

Was the Fire Department called? Yes _____ No _____

Please attach photos or any other evidence that is applicable.

Photos Attached? Yes _____ No _____