

TENANT COMPLAINT REPORT

Reporting:	Noise / Disturbance	Harassment	Illegal Act
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Reported By: _____ Telephone No. (Day Time): _____
Telephone No. (Evening): _____
Email Address: _____

Building Name & Address: _____

Unit No.: _____

THIS IS MY/OUR COMPLAINT REPORT AGAINST:

Building Name & Address: _____

Unit No.: _____

Date of Incident (MM/DD/YYYY): _____ Time of Incident: From _____ AM
or ____ To _____ AM
PM PM

Details of the Complaint are as follows – I/We observed:

Signed: _____ Date Signed (MM/DD/YYYY): _____

❖ Was building staff notified of the complaint at the time the incident occurred? Yes _____ No _____

Please list other witnesses (if any) to the above incident:

Witness 1:

Name: _____

Address: _____

Phone No: _____

Witness 2:

Name: _____

Address: _____

Phone No: _____

Effort Trust Use Only:

Date Complaint Received (MM/DD/YYYY): _____

Signed by Effort Trust Representative: _____

Printed Name of Effort Trust Representative: _____