

Complaint Form --BHA

Date: _____ (date you are filling this out) **Received by BHA:** _____ (initials and date)

Person complaining is: +Tenant + Landlord

Name: _____

Address: _____

Phone: _____

Email (if any) _____

Date Issue Occurred: _____ (if ongoing state "ongoing")

What is your complaint: (Please be specific and use back of this form if more room is needed)

Witnesses (if any) to the incident or occurrence: Please list name(s) and any contact information for each:

- 1.
- 2.
- 3.