



RESIDENT COMPLAINT FORM

Resident Name: _____ Date Submitted: _____

Resident Address: _____

Resident Phone Number: _____ Resident Email Address: _____

Complaint (include people involved, date and time of incident, etc.):

(Attach another page if necessary)

Is this your first *written* complaint about this specific matter? ☐ Yes ☐ No

Resident Signature _____

Office Use Only

Date Received: _____ Received by: _____

Follow up action taken (include date):

- ☐ Incident entered in Tenmast - Tenant Notes
- ☐ Copy filed in each resident file
- ☐ Tracked on month-end report



If you or anyone in your household is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact us at ADACompliance@spokanehousing.org or call 509-328-2953 or Washington Relay at 7-1-1.

Revised 4/24/20

