

COMPLAINT FORM

Date: _____

I _____ am making the following complaint to the Housing Authority of Washington County
(Your name printed)
 about the behavior of the tenant by the name of _____

Who lives at _____ .

My complaint falls into the following category (check one):

- Un-Authorized person(s) living in unit;
 Objectionable language used;
 Pet policy violation(s);
 Lack of consideration for neighbors;
 Other lease violation (specify) _____

This is what I witnessed:

Date	Time	Person(s) seen/heard	What they were seen doing	Other witnesses

R:\PHA\ _PROJCTS\Complaint-Witness form.wpd

Signature and date: _____

(Please return this form to the Housing Authority of Washington County at 319 E Antietam St., 2nd Floor, Hagerstown, MD 21740 or fax to 301-791-2755)