

COMPLAINT FORM

Your Name _____

Your Address _____

Your Phone Number _____

Complaint Against:

Name _____

Address _____

Nature of Complaint _____

Date of Offense _____ Frequency of Offense _____

What have you done to attempt to solve the problem?

Talked to the neighbor	Yes _____	No _____
Contacted Co-op office	Yes _____	No _____
Contacted maintenance	Yes _____	No _____
Contacted managing agent	Yes _____	No _____
Contacted Police/Security	Yes _____	No _____

If yes to any of the above, what were the results? _____

Is there any additional information you would like add? _____

Signature _____ Date _____

Office Comments _____
