

**Calhoun Housing Authority
Complainant Form**

Name of Complainant: _____ Telephone #: _____

Date of Complaint: _____ Email Address: _____

Subject of Complaint: _____

Explain in detail and accurately the nature of your Complaint or Concern:

Has this complaint/concern been reported to 911(if applicable)? _____ If so, Date reported: _____

Signature of Complainant

Date

For CHA Staff Only:
Initial Review: _____

Follow Up required? _____

2nd Review: _____

Appointment with Complainant? _____