

Town of Hope Resident Complaint Form

Name: _____ Date: _____

Address: _____

Contact Phone Home: _____ Cell: _____

Description of Complaint:

Complaint Recorded By: _____

CORRECTIVE ACTION

Complaint Forwarded To: _____ Date: _____

Description of Action Taken:

Resident Advised (Check One):

_____ YES Date: _____ Means of Contact: _____

_____ NO Reason: _____

Date Complaint Closed: _____

