Seattle Housing Authority

SEATTLE HOUSING AUTHORITY COMPLAINT FORM

Date: _____ Phone: _____

Address: _____ Unit # _____ Comm. #: _____

Name of person making complaint: _____

Name of person you are complaining about: _____Unit #_____

Check an appropriate category:

Children	Guest	Noise	
Vandalism	Vehicles		Pest
Criminal	Harassment		Other

Complaint: *(Be brief and to the point. Your name will be kept confidential, but in the case of an eviction, you may be required to testify, also list other witnesses.)*

_____
_____
_____
_____
_____

Witness 1 _____ Witness 3 _____

Witness 2 _____ Witness 4 _____

ACTIONS YOU HAVE TAKEN TO RESOLVE THE PROBLEM(S): *(Be brief and to the point)*

_____
_____

TO BE COMPLETED BY STAFF

RECEIVED BY: _____ DATE: _____

ACTION TAKEN:

_____
_____

REFERRAL:

SHA Service Provider	**Community Agency**
ADS	Central Seattle Recovery Center
Resident Assistant Program	Mental Health Case Manager
	Adult Protective Services
	Child Protective Services
	Other Resources

SHA-883 (4/02)