

LANDLORD COMPLAINT FORM

Staff Member: _____
Date: _____ Time: _____

Planned follow-up date: _____
Best time to call: _____

Tenant:

Landlord:

Name

Name

Address

Address

Phone

Phone

Have you already contacted your landlord about the situation?

Yes ___ Verbally ___ In Writing ___ No ___

Problem:

Advice Given:

Follow-up:

Date: _____ Time: _____

