



Chandler Arizona
Where Values Make The Difference

General Complaint Form

Instructions: Please fill this out completely. The City of Chandler Housing Division may have additional questions for you during the follow up of this complaint and will need to contact you.

CONTACT INFORMATION

CONTACT PERSON NAME	PHONE NUMBER #
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ADDRESS	CITY	STATE	ZIP CODE
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Are you willing to testify if necessary: Yes No

Do you wish to remain anonymous to the person you are complaining about: Yes No

INCIDENT INFORMATION

WHO?:	ADDRESS:
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WHAT OCCURRED?

WHEN DID IT FIRST OCCUR?	IS IT STILL OCCURRING? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID YOU INFORM THE POLICE DEPARTMENT <input type="checkbox"/> Yes <input type="checkbox"/> No If so, What is the report number?
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HOW DO YOU KNOW THIS INFORMATION?	VEHICLE DESCRIPTION/LICENSE PLATE #(S):
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For Office Use Only

Complaint Taken By: _____ Date: ____ / ____ / ____

Complaint Referred To: **Housing Choice Voucher** Vivian Zelda Vickie

Public Housing Mayra Qiana Carmen

Housing Officer Housing Supervisor