



# 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 – Details on the reporting person

REPORTING PERSON'S NAME		PHONE NUMBER #	
ADDRESS	CITY	STATE	ZIP CODE

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 – Details of the person being complained about

WHO IS THE COMPLAINT ABOUT?	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

Copy provided to the following:  Housing Officer  Housing Supervisor  Housing Manager