Calhoun Housing Authority
Complainant Form

Name of Complainant:_____ Telephone #:_____

Date of Complaint: _____ Email Address:_____

Subject of Complaint: _____

Explain in detail and accurately the nature of your Complaint or Concern:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Has this complaint/concern been reported to 911(if applicable)?_____ If so, Date reported:_____

_____ _____

Signature of Complainant Date

For CHA Staff Only:

Initial Review:_____ Follow Up required?_____

2nd Review: _____ Appointment with Complainant? _____