

RESIDENT/CUSTOMER CONCERNS

MY NAME _____ PHONE _____

MY ADDRESS _____

SPECIFIC INFORMATION: Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of People Involved: _____

Describe Incident / Concern:

★ Turn over for additional space.

In order to address your concern appropriately, the information you provide may need to be shared with other individuals; this may include any person(s) noted in the above concern. If you do not allow us to share this information, we may be limited in the actions we can take to resolve your concern.

I authorize the release of this information Yes No

Resident Signature

Date

Incident / Concern cont:

Other persons, services, or agencies I have contacted:

TO BE COMPLETED BY HOME FORWARD STAFF

Actions Taken: _____

Resolution:

HOME FORWARD STAFF

DATE

Attachments: Related Reports, Photos, Witnesses, etc.
Copies: Resident Filing Complaint / Resident(s) Involved in Complaint