



# PALM BEACH COUNTY HOUSING AUTHORITY

## Complaint Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #'s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages or supporting documents, if needed)*

---

### **OFFICE USE ONLY BEYOND THIS POINT**

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_

### **CORRECTIVE ACTION**

Complaint forwarded to: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Describe action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer advised (circle): YES NO Method? \_\_\_\_\_

Date Complaint Closed: \_\_\_\_\_