TENANT COMPLAINT FORM

Property: Unit #:

Tenant Name: Date:

Phone: Email:

Complaint Type (Check All That Apply)

- ☐ Noise Disturbance
- ☐ Parking Issue
- ☐ Maintenance Concern
- ☐ Lease Violation
- ☐ Unauthorized Occupant/Guest
- ☐ Property Damage
- ☐ Health & Safety Concern
- ☐ Harassment/Disturbing Behavior
- ☐ Pet-Related Concern
- ☐ Common Area Concern
- ☐ Other

Description of Complaint:

Individuals Involved:

Witnesses:

Electronic Signature Certification

By typing my name below, I certify the information is true and accurate to the best of my knowledge.
I understand management may investigate this complaint. My typed name constitutes my electronic signature.

Typed Signature: Printed Name:

Signature Date:

FOR MANAGEMENT USE ONLY

Date Received: Complaint #:

Received By:

Investigation Conducted By:

Investigation Findings:

Action Taken:

- ☐ Warning Issued
- ☐ Lease Violation Notice
- ☐ Tenant Contacted
- ☐ No Action Required
- ☐ Work Order Created
- ☐ Other

Resolution Notes:

Resolution Date: Management Signature: