

Resident Complaint Form

Confidentiality

The personal information provided on this form is confidential and will not be shared with other residents.

Date:	Name or apartment of those involved:
Name (optional):	Phone:
Address:	Email:
Have you previously submitted a complaint for this concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, to whom did you submit the complaint?	

Complaint Detail

Please explain the details of your complaint. What is the problem? When is this issue occurring? How is it affecting you?

Horizon staff received:	Date:
Comments:	