



Tenant Complaint Form

DESCRIPTION OF THE COMPLAINT (WHO, WHAT, WHERE, WHEN)

Please describe in detail the incident and how it has effected your safety and/or interfered with the reasonable enjoyment of your tenancy. Please be specific, attach a separate piece of paper if more space is required.

DATE OF INCIDENT:

TIME OF INCIDENT:

EXACTLY WHERE DID THE INCIDENT OCCUR: (example: 2nd floor stair well, common room)

WHO WAS INVOLVED IN THE INCIDENT:

WHAT HAPPENED:

Is this an ongoing occurrence?

Yes No

Have you sent in a complaint about this before?

Yes No

If yes, when did you last report it:

Print Name:	Signature:	Date:
Your address:	Phone #:	
Office Use	Received by:	Date Keyed:

Hand deliver to an ADSAB staff (Custodian/Contact Tenant/ Tenant Support Worker etc.) **or**
mail / fax to

Attention: Housing Services
Algoma District Services Administration Board
1 Collver Road, Thessalon, ON. P0R 1B0
Fax : 705-843-0482