



RESIDENT COMPLAINT FORM

Please provide the following information. Cumberland Housing will not take action on anonymous (unsigned) complaints. All information must be completed.

Your Name: _____ Date of Complaint: _____
Your Address: _____ Your Phone Number: _____

Please provide the following information so we may better address your complaint:

Date(s) of Incident: _____ Time(s) of Incident: _____
Location of Incident: _____
Person involved: _____ Address: _____
Person involved: _____ Address: _____
Details of the complaint: _____

Witnessed by: _____ Address: _____
_____ Address: _____

Did you call: Cumberland City Police/911 Cumberland Housing Security

If NOT, why? _____

Did the police: Advise you to get a warrant/protective order Make an Arrest Write a Report

Did you get a warrant/protective Order? Yes No Not Applicable

If NOT, why? _____

Please use reverse side if more space is needed for any portion of this form

Printed Name of Complainant _____ Signature of Complainant _____ Date _____

For Office Use Only:	Received by: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email/Fax
Staff Person Receiving Complaint: _____	Date: _____
Complaint Resolved by: _____	Time: _____
	Date: _____
Comments: _____	

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