



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: _____