



Address: _____ Phone: _____ Fax: _____

Resident Complaint Report

Please complete and return to the Management Office

Date: _____

Your Name: _____ Witness Name(s): _____

Your Address: _____

Phone Number: _____ Date & Time of Incident: _____

Were the Police Called? Yes No If Yes, What Date & Time: _____

Description of Complaint (please include names and as much detail as possible): _____

Alliance Asset Management appreciates the time and effort you took in completing this form. We handle all complaints seriously while making every effort to keep the names of Residents reporting concerns confidential. Please note that if a complaint is not put in writing and signed by the person reporting the incident, there is not much Management can do to rectify the problem. Thank you again for your cooperation.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Submitted To (PM): _____ Date: _____

Complaint Number: _____

Description of Action Taken: _____

Resident Advised? Yes No If Yes, Date Advised: _____

Date Complaint Closed: _____

Signature: _____ Date: _____