



**Habitability/ADA Complaint Form**

**Resident Name:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Landlord:** \_\_\_\_\_

**Landlord Phone:** \_\_\_\_\_

**My complaint is: (Please be specific and provide as much information as possible).**

\_\_\_\_\_

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\_\_\_\_\_



**This is what I think should be done to resolve this issue:**

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**Please attach any backup documentation (e.g., pictures, receipts)**

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**Resident Name:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Case Manager Name:** \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

A copy of this complaint form should be retained in the client's file and a copy should be given to the resident. Case Managers should notify the Landlord Liaison and Housing Director when they receive a complaint form.