

LANDLORD COMPLAINT FORM

LANDLORD NAME: _____

LANDLORD ADDRESS: _____

LANDLORD TELEPHONE: _____

TENANT NAME: _____

TENANT ADDRESS: _____

TENANT TELEPHONE: _____

**BRIEFLY, DESCRIBE THE ISSUES RELATIVE TO YOUR PROPERTY
AND/OR TENANT:**

YOUR TENANT WILL BE NOTIFIED IN WRITING OF THIS COMPLAINT. THE HCV PROGRAM PARTICIPANT WILL BE ISSUED NECESSARY AND APPLICABLE CORRESPONDENCE RELATIVE TO THIS COMPLAINT AND HOW IT MAY AFFECT THEIR PARTICIPATION IN THE DETROIT HOUSING COMMISSION'S HOUSING CHOICE VOUCHER PROGRAM.

LANDLORD SIGNATURE: _____

DATE: _____

**C: HOUSING SPECIALIST
PARTICIPANT FILE**