

**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:**

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***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 LUCAS METROPOLITAN HOUSING AUTHORITY'S HOUSING CHOICE VOUCHER PROGRAM.***

**LANDLORD SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**C: HOUSING SPECIALIST  
PARTICIPANT FILE**