

Hendersonville Housing Authority
PO Box 1106
203 North Justice Street
Hendersonville, NC 28793

828.692.6175 Fax 828.693.0401

TENANT COMPLAINT OR INCIDENT FORM

Date of Report: _____ Resident (Your) Name: _____

Address: _____ Phone: _____

Date of Incident: _____ Time: _____

Nature/Description of Incident: (describe what happened) _____

(use back of form if additional space is needed)

Location of incident: _____

Names/Addresses (if possible) of all parties involved: _____

Did you witness the above incident? ___yes ___no

Were the Police contacted/did they respond? ___yes ___no

If yes, what was the result of their response? (was there an arrest or report) _____

Are you willing to testify in court concerning the above? ___yes ___no

I certify that the information I have given in this complaint is true and correct. **SIGNED UNDER THE PENALTIES OF PERJURY.**

Resident Signature

Date

If you are disabled or have other circumstances which hinders you from completing this form and bringing to the HHA Office, please call the HHA Office for assistance.