COMPLAINT FORM

PURPOSE/ACTION

This form is used to report suspected abuse of the program and any other complaints to the **Lincoln Housing Authority.** When completed, the form will allow the housing authority to begin an investigation. It is the policy of the **Lincoln Housing Authority** to keep all information with regard to the client confidential in accordance to the Federal Privacy Act. As a result, no information regarding the investigation may be released to the person filing the complaint. **All complaints must be submitted on the Complaint Form.** All substantiated complaints will be investigated.

COMPLAINT- Person the complaint is about:_____
Address:_____Phone:_____
Details of complaint; include as many details as possible. Information including first and last names, license plate numbers, dates, employment, are important.

_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____

Use the back of the form if additional space is needed. Check here if information on back of form _____

A complainant is the person filing the complaint. The name, address, and a phone number of the complainant are important when an investigator has questions. Without this information, the investigator may not be able to complete an investigation. Please list **your** information below.

_____	_____	_____
NAME (please print)	**ADDRESS**	**PHONE /best time to contact**

Please indicate below by checking the box with an X

( ) I request my name remain confidential and do NOT wish to testify at an informal hearing.
( ) I would be willing to provide a NOTARIZED statement which could be used at an informal hearing.
( ) I would be willing to attend and attest to the above statement at an informal hearing.

Signature:_____ Date:_____

(rev 1-08)