HOUSINGAUTHORITY
OF THE CITY OF FALLS CITY

RESIDENT COMPLAINT FORM

Date: _____

*Name of Resident: _____

*Street Address: _____

Phone Number(s): _____

Type of Complaint: ☐Maintenance ☐Recertification ☐Lease ☐Rent ☐Other_____

Has your complaint been previously reported to Management? ☐Yes ☐No

If yes, to whom? _____

Please describe your complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____

Please deliver the completed form to your site management office, mail to the address below or email to the email address below.

***Required if you would like to receive follow-up from management regarding resolution of the issue.**

800 East 21st Street
Falls City, NE 68355

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