



Gloucester Housing Authority, P. O. Box 1599, Gloucester, Ma. 01931-1599
978-281-4770 fax 978-282-5640

TENANT COMPLAINT OR INCIDENT FORM

Date of Report: _____

Tenant Name: _____

Tenant Address: _____

Tenant Phone #: _____

Date of Incident: _____ Time: _____ AM PM

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

(→ use back of form if additional space needed)

Specify address or area of development where incident occurred: _____

Names/Addresses (if possible) of individual(s) involved in incident:

Did you witness the above? YES NO

Were the Police contacted/did they respond? YES NO

If yes, what was the result of their response? (i.e. was an arrest made, etc.)

Name/Address/Phone of any additional Witnesses:

Would you like to try mediation with the other parties to resolve the situation?
 YES NO If both parties agree, mediation will be scheduled.

Are you willing to testify in court concerning the above? YES NO

Be advised that if you are unwilling to testify in court concerning the incident/complaint then it is unlikely that the GHA would have the ability to prevail against the above named individuals in court unless we are able to obtain police testimony.

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

Tenant's Signature

Date