

**Saratoga Springs Housing Authority
Complaint Form**

Date _____

Type of Complaint

_____ Noise/Disturbance	_____ Assault
_____ Children/Vandalism	_____ Theft
_____ Children/Curfew	_____ Threats
_____ Harassment	_____ Other criminal

Offender Information

Name _____
Address _____
Phone _____
Lease Holder _____

Has this been reported to a police agency? _____ Yes _____ No

If yes, which agency? _____ when? _____

Who reported it? _____

Was a formal complaint filed? _____ Yes _____ No

Brief description of complaint _____

Name of person making complaint

Name _____
Address _____
Phone _____
Lease Holder _____

Follow-up – To be completed by SSHA staff: _____
