

**AMHC Feedback/Complaint Form**

**Before providing Feedback or Filing a Complaint, It is recommended that you:**

1. Contact the office to speak to relevant AMHC staff person to discuss the issue and possible solutions to the problem.
2. Document as much information about the incident as you can (dates/times/frequency of events).
3. Use this form to submit your matter to the office.

**Your Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Unit #**\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been in contact with an AMHC Staff member? Yes/no *If yes, please provide the name of the individual:*

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**Feedback/Complaint Details**

1. **Please detail the feedback/complaint – include relevant dates, times, witness name(s), incident details, and how you are being affected by this situation**.
2. **What do you see as the possible solution to the problem? Is there a specific outcome you hope to reach?**

**Resident signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only**: Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_