



AMSTERDAM HOUSING AUTHORITY

Damaris G. Carbone, Executive Director
52 Division Street Amsterdam, NY 12010
www.amsterdamhousingauthority.org

COMPLAINT FORM

Date: _____

Type of Complaint

Noise/disturbance

Assault

Children-Vandalism

Theft

Children-Curfew

Threats

Harassment

Other criminal

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 Taking Complaint

Name

Address

Signature of Person Making Complaint

Follow-up – To be completed by AHA staff:





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FORMULARIO DE QUEJA

Fecha: _____

Tipo de Queja

Ruido/disturbio

Asalto

Niños/vandalismo

Robo

Niños/hora de cierre

Amenazas

Hostigamiento

Otro

Ha sido reportado a la agencia de policía? Si No

Breve descripción de la queja:

Nombre de la persona recibiendo la queja

Nombre

Dirección

Firma de la persona dando la queja

Follow-up – To be completed by AHA staff:

