

Signature: (Tenant/Person Making the Complaint)

76 Stevenson Drive Dover, DE 19901 302-678-1965 voice 302-678-1971 fax 1-800-545-1833, ext. 816 TDD dover.housingauthority@dhade.org.email

## **DOVER HOUSING AUTHORITY COMPLAINT FORM**

| Tenant/Person Making the Complain                  | ıt:                 |
|--|---------------------|
| Contact Information:                               |                     |
| Date of Complaint:                                 | Time of Complaint:  |
| Location of Complaint:                             |                     |
| Complaint: (Use 2 <sup>nd</sup> page if additional | al space is needed) |
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| For DHA Use Only: Action Taken: |              |   |
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| Action Taken:                   | DHA Contact: |   |
|                                 | DHA Contact: |   |