

Filing a complaint about an AHA-owned and managed apartment/unit

Name: _____

Address: _____

Telephone: _____

Email: _____

What is the address you are complaining about?

As above Other

What is your role? An applicant A resident A neighbor

Other _____ A lawyer/ advocate If you are a lawyer/advocate, what firm/agency are you from? _____

If you are not the resident and are seeking details about a resident, the resident will need to complete a release of information form.

What is your complaint about? Rent increase Maintenance Parking Lease Violation Smoking

Other _____

Have you raised this complaint with an employee of the Housing Authority?

Yes Date and person you spoke with:

No You are advised to speak with the property manager.

Please describe your complaint. Please keep this as brief as possible and include names, dates and witnesses as applicable. Use a separate page if necessary.

Please attach any documentation relating to your complaint. Please do not attach personal medical information.

Date: _____ Print Name: _____ Signature: _____

Mail this form to:

701 Atlantic Ave, Alameda CA 94501 or by email to hainfo@alamedahsg.org



We intend to respond to your complaint within 10 business days. Please do not call during this time. We will respond in writing. Please understand that if you have not spoken with the site staff/senior property manager the Housing Authority will most likely pass your complaint to them for initial response and follow up.

If you have a disability and need to file a reasonable accommodation request, please contact your worker or property manager. If you are making a 504 discrimination complaint, please contact Vanessa Cooper vcooper@alamedahsg.org

For office use only:

Date Received _____	By whom _____
Date Responded _____	By whom _____