Rental Housing Association

RHA

COMPLAINT REGARDING OTHER TENANT

Complaint filed by _____

Address: _____

_____, WA _____

Home Phone _____Business Phone _____

Name(s) of parties involved in the incident and unit number (If known)

_____

_____

_____

Date of Incident _____Time of Incident _____

Complaint

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATED this _____day of _____, 20_____ .
(DATE) (MONTH) (YEAR)

_____

TENANT

Office Use Only
Received By: _____
Date: _____

Formal legal advice and review is recommended for both Resident and Owner prior to selection and use of provided form.
RHA does not represent your selection or execution of this form as appropriate for your specific circumstances.
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