

Complaint Form

Your Name:

Your Address:

Date:

Phone:

Email:

Please check the category below that best describes you:

Tenant/Resident
Community Service Provider
Member of the Public
Trades Person
Other:

Please check the type of complaint you are making (Please check only one):

Building Security (people in the building who were not invited)
Neighbours/Guests
Noise
Pets
Smoking
Injury
Treatment by PSHC staff, building monitors, or contractors
Unhealthy environment (pests, garbage, undisposed syringes)
Police Matters (illegal drug activity, theft/stolen property, assault, sexual assault)
Other:

Please Note:

- Report any illegal or criminal activity to the police before completing a complaint form
- **do not** complete a complaint form to request general repairs/issues. Contact maintenance directly at 519-271-3773 ext 241 or publichousingmaintenance@stratford.ca

Please tell us about your concern or issue – include as much information as possible.

When did this happen? (such as date, time)

Where did it happen? (such as in a unit, hallway, common room, on the grounds, etc.)

Who was involved? (Include names and addresses if you can. Also, include names of witnesses, guests, other tenants)

What happened? Provide as much detail as possible. You may attach documentation if necessary.

Have you brought your concern/issue to the attention of the person or people causing the problem? Have you tried to resolve the issue? If yes, please describe below.

Are you willing to appear at the Landlord and Tenant Board to provide evidence in this matter?

Yes

No

Have authorities (police, fire) been involved? Yes No

If yes, please provide the Occurrence Number and any other supporting documentation.

I declare that the information I have reported is accurate.

If this form is being filled out by PSHC or City of Stratford Social Services Staff, please complete the following:

I declare that I received consent from the complainant to fill out this form on their behalf and that the information was provided to me verbally (either over-the-phone or in-person) by the complainant.

Name:

Date:

Internal Use Only

Complete

Incomplete

No Jurisdiction

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.