

STOUT STUDENT ASSOCIATION HOUSING COMPLAINT FORM

Complainant _____ Email _____

Phone(H) _____ (M) _____

Name(s) of Renter(s) _____

Rental Address _____

Rental Agency/Landlord _____

Date of Problem/Incident _____

Complaint (Please include as many details as possible: dates, urgency, health hazards, etc.)

Has the landlord been notified of problem? Yes No

Has the landlord made an attempt to solve problem? Yes No

Do you wish to dissolve your lease? Yes No

Are you requesting monetary compensation? Yes No

Do you have documentation of problem? Yes No

Please include any photographs, letters, email, etc. you have when submitting this document

Actions Taken To Date _____

Result of Actions _____

Request to SSA _____

For Office Use Only

Date & Time Received _____ Received By _____

Date Resolved _____ Resolution Confirmed By _____

Description of Resolution: _____
