

Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

COMPLAINT FORM

Date: _____ Time: _____

Name of Complainant: _____

Phone Number of Complaint: _____

May we contact you for further information? Yes No Best time? _____

Name of Resident _____

Address of Resident _____

Reporting the following violation:

- Physical Assault
- Verbal Assault
- Fight/Altercation
- Fire
- Unwanted Visitor/Trespassing
- Drug/Alcohol
- Racial Comments
- Accident
- Other _____

Give a brief description of the information you are reporting. How do you know what you are reporting is accurate and truthful?

(provide additional information on back if necessary)

Names of all individuals involved: _____

Can anyone else verify this information? Yes No Who? _____

Contact information _____

If necessary, were the police contacted? Yes No If yes, please provide any information regarding the responding officers: _____

Information for the complainant: *You should know that if you do not give your name, in some cases there is very little we can do. If you are willing to give your name and phone number, you may be ask to testify in a court of law.*

Are you willing to testify if necessary? Yes No

Signature: _____ Date: _____