



Nipissing District Housing Corporation
Société de logement du district de Nipissing

Name of Tenant
Tenant's Address
Telephone #
Email Address

Type of complaint (please check)
<input type="checkbox"/> About a tenant
<input type="checkbox"/> About staff
<input type="checkbox"/> Community Safety
<input type="checkbox"/> Other _____
<input type="checkbox"/> Maintenance (will be forwarded to maintenance department)

Date Incident Occurred: _____

Time Incident Occurred: _____

Location: _____

Description of Incident: Please tell us what happened in as much detail as possible.

Tell us how this incident affected you:

If this incident results in an application under the Residential Tenancies Act, at the Landlord and Tenant Board, are you willing to act as a witness at the Board? Yes No

Tenant Signature: _____

Date: _____

For Staff Use Only	Follow up:
Date Received: _____	<input type="checkbox"/> Verbal discussion/casenote (refer to file)
Reviewed by: _____	<input type="checkbox"/> Letter
Reviewed by Supervisor/Manager (if required)	<input type="checkbox"/> N5
_____	<input type="checkbox"/> N7

Subsidiary of: / Filiale de :

District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux de District de Nipissing

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