

MISSISSIPPI REGIONAL HOUSING AUTHORITY VI UNIT COMPLAINT FORM

Tenant Name: _____

Last four digits of SS#: _____

Unit Address: _____

Telephone #: _____

Have you contacted the landlord regarding this complaint: _____ Yes _____ No

Nature of Complaint:

Briefly explain your complaint.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____