District of Columbia Housing Authority
1133 North Capitol Street, Northeast
Washington, D.C. 20002-7599

COMPLAINT

Name:	Phone No.:	Soc. Sec. No.:
Property:	Address:	Zip Code:
Lease No.:	Complaint No.:	

☐ Tenant and Signatory to DCHA Lease ☐ Applicant

A. Description of Complaint:

B. This Complaint is based on the following action/inaction by DCHA:

C. Where known, name of DCHA employee who took (or failed to take) action:

D. I request DCHA to take the following action:

☐ I choose to deliver this complaint to the DCHA Central Office.

☐ I choose to deliver this complaint to the Management Office of _____

_____ _____
Signature of Complainant Date

☐ Written Complaint ☐ Oral Complaint: Data above completed by DCHA staff

Please Do Not Write Below This Line

Employee Receiving Complaint:

_____ _____
Signature Date

White: Legal **Yellow:** Tenant/Applicant **Pink:** Tenant/Applicant File **Goldenrod:** Regional/Central Office

DCHA-1
(4/96)