

# PORTWAY HOUSING ASSOCIATION COMPLAINT FORM

|                      |  |
|----------------------|--|
| <b>Name:</b>         |  |
| <b>Address:</b>      |  |
|                      |  |
| <b>Phone number:</b> |  |

What I am dissatisfied about: *(Please say what happened and when)*

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

What I have already done to try to sort this out: *(Please tell us about any phone calls, letters, visits, etc)*

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

What I would like done to resolve this complaint: *(Please tell us what you think would resolve the problem for you)*

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Please attach extra pages and/or any supporting documentation you wish to include and send to:  
Operations Manager, Portway Housing Association, PO Box 3032, Port Adelaide SA 5015*