

Name	Phone No.	Social Security No.
Property	Address	Zip Code
Troperty	Address	Zip Cout
Lease No.:	Complaint No.	I
☐ 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 know, 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's Office of Fair Hearings. ☐ I choose to deliver this complaint to the Management Office of		
	Signature of Complainar	nt Date
☐ Written Complaint ☐ Oral Complaint: Data above completed by DCHA staff		
Please Do Not Write Below This Line		
Employee Receiving Complaint:		
Signature		Date
☐: OFH ☐: Tenant/Applicant	☐: Tenant/Applicant File	□: OGC