



**Bristol Housing Authority**  
**BENJAMIN CHURCH MANOR**  
1014 Hope Street, Bristol, RI 02809  
401.253.4464 FAX 401.253.9249  
Candace Pansa, Executive Director

### RESIDENT COMPLAINT FORM

Bristol Housing Authority will not accept complaints by one resident against another unless the complaint is made in writing upon this form and signed. This rule is a protection for all residents.

Name of Resident Submitting Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Address: 1014 Hope Street, Apartment # \_\_\_\_\_, Bristol, RI 02809

Name of Resident You Are Filing A Complaint Against: \_\_\_\_\_

Address: 1014 Hope Street, Apartment # \_\_\_\_\_, Bristol RI 02809

Date of Disturbance: \_\_\_\_\_ Time Disturbance Began: \_\_\_\_\_ Ended: \_\_\_\_\_

Location Where Disturbance Occurred: \_\_\_\_\_

Describe the Nature of the Disturbance in Detail: (if multiple complaints complete on a separate page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing statement is true and accurate to the best of my knowledge. If the Bristol Housing Authority institutes legal proceedings against the offending resident, I agree to be called as a witness to such proceeding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



