



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



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

