

Grove Housing Association

COMPLAINTS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**Details of your complaint**

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What do you think it would be reasonable for the Association to do about your complaint?

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use:

Received by Grove Housing Association Date: \_\_\_\_\_

Signed: \_\_\_\_\_