OXFORD HOUSING AUTHORITY

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Karen Erickson, Chairman Wayne McFarland, Vice Chairman Arsenio Luz, Assistant Treasurer Mary Wells, Member Carol Haddad, Member Locksann Mateo, Executive Director

Grievance Complaint Form

(not mandatory to use)

Name:			
Address:			
Include apartment/u	ınit number		
Complaint: Please include all the facts	that relate to your com	nplaint. Attach additional sheets if necessa	ry
			_
			_
			_
Please write down what action you complaint. Please be as specific as		nority to take to resolve your	
Signature of Complainant	Date		