



# HOUSING AUTHORITY OF DEKALB COUNTY

## Housing Choice Voucher Program Office

750 Commerce Drive

Suite 200

Decatur, GA 30030

(404) 270-2600

Fax # (404) 270-2643

### Inspection Complaint Form

*(Please Print Clearly)*

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

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Owner Address

\_\_\_\_\_  
Tenant Address

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Tenant Phone Number

\_\_\_\_\_  
Owner Phone Number

\_\_\_\_\_  
E-mail Address

Was Owner/Property Manager notified of the complaint?  Yes  No

How was Owner/Property Manager notified?  Mail  Phone  In Person

Please indicate below the date(s) the complaint was given to the Owner/Property Manager:

\_\_\_\_\_  
First Date

\_\_\_\_\_  
Second Date

\_\_\_\_\_  
Third Date

Briefly describe the complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please use an additional page, if necessary)*

Was the Owner/Property Manager given a **\*reasonable period of time** to respond to your complaint?  Yes  No

**\*Reasonable period of time** is at least 72 hours (3 days) to let you know the Landlord has received your complaint. You must add 3 more days if you notified them by mail. **Remember, it may take longer than 3 days to correct your complaint.**

**NOTE:** After this form is returned to HADC at the above address, we will schedule you for a complaint inspection if we feel the Owner/Property Manager did not respond to the complaint in a reasonable period of time and the complaint indicates a Housing Quality Standard (HQS) deficiency.