



Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - Tel: (510) 747-4300 - Fax: (510)522-7848 - TDD: (510) 522-8467

Filing a complaint about an AHA-owned and managed apartment/unit

Name: _____

Address: _____

Telephone: _____ Email: _____

What is the address you are complaining about?

As above Other _____

What is your role?

An applicant A resident A neighbor Other _____

A lawyer/advocate If you are a lawyer/advocate, what firm/agency are you from?
advocate _____

If you are not the resident and are seeking details about a resident, the resident will need to complete a release of information form.

What is your complaint about?

Rent increase Maintenance Parking
 Lease Violation Smoking Other _____

Have you raised this complaint with an employee of the Housing Authority?

Date and person you spoke with:
Yes _____

No You are advised to speak with the property manager.

Please describe your complaint. Please keep this as brief as possible and include names, dates and witnesses as applicable. Use a separate page if necessary.

Please attach any documentation relating to your complaint. Please do not attach personal medical information.

Date: _____ Print Name: _____ Signature: _____



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Mail this form to:

701 Atlantic Ave, Alameda CA 94501 or by email to hainfo@alamedahsg.org

We intend to respond to your complaint within 10 business days. Please do not call during this time. We will respond in writing. Please understand that if you have not spoken with the site staff/senior property manager the Housing Authority will most likely pass your complaint to them for initial response and follow up.

If you have a disability and need to file a reasonable accommodation request, please contact your worker or property manager. If you are making a 504 discrimination complaint, please contact Vanessa Cooper vcooper@alamedahsg.org

For office use only:

Date Received _____	By whom _____
Date Responded _____	By whom _____