

Complaint file number: _____

COMPLAINT FORM

TENANT'S IDENTIFICATION

Name of the local manager contacted: _____

Name of the director contacted: _____

Name: _____ First name: _____

Date of birth: ____ / ____ / ____

P.O. Box: _____

Community: _____

P.O. : _____ # Tenant number: _____

Phone at home: _____ Phone at work: _____

Email: _____

IDENTIFICATION OF THE PERSON OR THE ORGANISATION WHO'S ASSISTING THE TENANT, IF IT'S THE CASE.

Name: _____ First name: _____

Date of birth: ____ / ____ / ____

Address (house number): _____

Village: _____

P.O. : _____ # Tenant number: _____

Phone at home: _____ Phone at work: _____

Please contact the NHB, if you need any information or assistance, at 819-964-2000



