

# TENANT MEMBER COMPLAINT FORM



**Definition:** A complaint is an expression of dissatisfaction or concern by the Mainstay Housing tenant member made in writing to Mainstay Housing management staff member. The scope of complaint includes: staff treatment of tenants, standard of service, decision review, privacy and confidentiality, access, maintenance repairs within the rental unit, maintenance repairs in common areas of the residential property, communication, actions or lack of action by Mainstay Housing as an organization or a staff member or any party acting on behalf of the organization.

**If you need assistance filling this form please ask any Mainstay staff member. This completed form should be sent to Mainstay Head Office addressing *Manager, Quality and Performance Analytics***

## A. Complaint Details

**Nature of Complaint (Check the most appropriate one):**

<input type="checkbox"/> Tenancy Issues	<input type="checkbox"/> Privacy and Confidentiality	<input type="checkbox"/> Decision Review
<input type="checkbox"/> Illegal activity in your building	<input type="checkbox"/> Communication	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Maintenance Issues within the rental unit	<input type="checkbox"/> Maintenance Issues in common areas	
<input type="checkbox"/> Mainstay Housing as an organization	<input type="checkbox"/> A Mainstay Stakeholder (i.e. contractor, agency)	
<input type="checkbox"/> Conflict with another tenant (write the tenant name)		
<input type="checkbox"/> Treatment by Mainstay staff member (write the staff name)		
<input type="checkbox"/> Others (please specify)		

## B. Please describe your complaint (for more space, please include additional sheets)

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## C. Complaint Outcome

As a result of making this complaint, is there any outcome you would like?  Yes  No

If 'Yes' please provide details:

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## D. Complaint by (Tenant Information)

Name			
Address		Unit No	
Phone No			
Complaint Date		Complaint Time	
Signature			

## E. Complete this section if a person other than identified in the section 'D' filled this form

Name		Occupation	
Address		Phone	
Signature		Date	

## F. Informal Complaint Details

Did you raise your concern to your SHW as an Informal Complaint?  Yes  No

If 'Yes' please provide the tracking number (if unavailable please ask your SHW):

Please share briefly the outcome of the informal complaint:

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## OFFICE USE ONLY

Received By		Received Date	
Registration No.		Resolved Date	