

# TIOGA/BRADFORD COUNTY HOUSING AUTHORITY TENANT COMPLAINT FORM



## Contact Information:

Name: _____	
Address: _____	
Telephone Number: _____	Email: _____

## Incident:

Date of incident: _____	Time: _____ am	pm
Where incident occurred: _____		
Who was present: _____		
Describe the nature of your complaint: _____ _____ _____ _____		
Housing Authority Staff Members Notified (include when and how): _____		
What resolution are you seeking: _____ _____		

Please send to: Tioga/Bradford County Housing Authority  
C/o Deputy Executive Director  
4 Riverside Plaza  
Blossburg, PA 16912  
Or email completed form to [bburkhart@tbhra.org](mailto:bburkhart@tbhra.org)