HOUSING COMPLAINT FORM

COAST GUARD TRAINING CENTER PETALUMA

The person making this complaint shall complete all blocks and deliver this form to the Housing Office

Complainant's Information:

Complainant's Name *(Last, First, MI)*:

Rank/Family Member:

Complainant's Permanent Duty Station:

Work Phone:

Complainant's Address *(Apt #, Street, City, State, Zip Code)*:

Home Phone:

Nature of Complaint/Offender Information:

Location of Offense:

Date & Time of Offense:

Offender's Name & Address *(if known)*:

Offender Rank/Family Member

How was Complaint Reported *(i.e., called OOD, Local Police, Housing Office, etc.)*:

Description of Complaint/Offense: *Please provide detailed information regarding the nature of the complaint/offense, i.e., who, what, When, Where Happened (use reverse or additional pages if necessary).*

Complainant's Signature:

Date:

OFFICE USE ONLY

Housing Official Assigned to Case:

Time/Date Complaint Rcvd:

Action Taken: *(i.e., met with complainant/offender, dismissed, contacted command/WLS etc.):*

Warning Letters Issued: YES ☐ NO ☐

Date of Letter: