



Carol Pontarelli, Chairman  
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June Di Lorenzo, Commissioner  
John Fleming, Commissioner

Marilee E. Arsenault  
Executive Director  
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Relay RI-711

## RESIDENT COMPLAINT FORM

North Providence Housing Authority will not accept complaints by one resident against another unless the complaint is made in writing upon this form and signed. This rule is a protection for all residents.

Name of Resident Submitting Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_, Apartment # \_\_\_\_\_, North Providence, RI \_\_\_\_\_

Name of Resident You Are Filing a Complaint Against: \_\_\_\_\_

Address: \_\_\_\_\_, Apartment # \_\_\_\_\_, North Providence, RI \_\_\_\_\_

Date of Disturbance: \_\_\_\_\_ Time Disturbance Began: \_\_\_\_\_ Ended: \_\_\_\_\_

Location Where Disturbance Occurred: \_\_\_\_\_

Describe the Nature of the Disturbance in Detail: (if multiple complaints complete on a separate page)

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I certify that the foregoing statement is true and accurate to the best of my knowledge. If the North Providence Housing Authority institutes legal proceedings against the offending resident, I agree to be called as a witness to such proceeding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



