



Metro Community Housing Complaints & Appeals Form

Last Name: _____ First Name: _____

Address: _____

Please tick to indicate if you are a:

Tenant Applicant Other: _____

Please tick to indicate if you are:

Making a complaint Appealing a decision

Please provide the details about your complaint/appeal, including dates, times, and who was involved. It would be helpful if you could outline what you would like to happen as a result of making this complaint or appeal. If you need more room, please attach an additional page to this form

I consent to Metro Community Housing Co-operative Ltd. and the Disputes & Appeals Sub-Committee collecting or providing information about me from other relevant agencies or person/s only where such information relates to my complaint or appeal. I understand all information collected or provided will remain confidential and will not be given to any persons other than officers of Metro Community Housing Co-op Ltd. without my further consent.

Signature of Complainant/Appellant

Date: ___/___/___

Please tick if you will require an interpreter to be available for any meeting