

## **TOWN OF JACKSON HOUSING OMBUDSMAN PROGRAM**

### **Intake Form**

We will have to identify who the complainant is in most cases. This means if you do not release your name to the Ombudsman we may not be able to resolve your complaint.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Complaint:

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Person in reference to the Complaint (suspect):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

What resolution are you seeking?

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What steps have you taken to resolve the Problem? Please include names of people you have worked with and other offices you may have reported the complaint to:

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