



**If the complaint is about unreported income, please let us know any information regarding the amount or source of income:** \_\_\_\_\_

**If the complaint is about drug or criminal activity, please complete the following if known:**

Who is involved?  Tenant  Unauthorized Resident  Other \_\_\_\_\_

Have the police been involved?  YES  NO If yes, how?

Have any arrests been made?  YES  NO If yes, who?

Is there any other information you believe would be helpful regarding your allegations?  
(e.g., bank accounts, store/credit card accounts, school records, court documents, police case numbers, child protective service or other government involvement or property information)

**Request for non-disclosure:** Pursuant to RCW 42.56.240(2) of the Public Records Act, I request that information revealing my identity **NOT** be disclosed because I fear disclosure would endanger my or someone else's life, physical safety or property.

**SIGN HERE:** \_\_\_\_\_

Mail/Fax/Drop off form to:  
Aberdeen Housing Authority  
310 S. Roosevelt St.  
Aberdeen, SD 57401  
PHONE: (605) 226-2321  
FAX: (605) 225-8220

**OFFICE USE ONLY**

Phone Call

Complaint form mailed, dropped off or faxed to AHA offices

\_\_\_\_\_  
AHA Employee Signature and Date

\_\_\_\_\_  
Date Received

OK to release reporting person's name?

YES  NO  Did not specify