



**Housing Services Department**  
 162 Lochiel Street, Suite 100  
 Sarnia, ON N7T 7W5

Telephone: 519-344-2062  
 Toll-free: 1-800-387-2882  
 Fax: 519-344-2023

**COMPLAINT FORM**

County of Lambton Housing Services will investigate and attempt to resolve all genuine complaints and issues within our means. We will make every reasonable effort to assist in resolving matters that arise within our communities. However, it is the responsibility of our tenants to act in accordance with their **Tenancy Agreement** and to attempt to resolve minor disputes before filing a formal complaint.

**When Resolving Complaints, Housing Services will:**

- Investigate all serious complaints
- Make every reasonable effort to help resolve issues
- Consider evicting tenants who, despite all efforts to resolve the problem, continue to disrupt the reasonable enjoyment of the complex
- Deal immediately with tenants who behave violently towards other tenants or staff

**When Resolving Complaints, Housing Services will not:**

- Get involved in minor disputes or complaints based on rumors
- Act on a complaint if it is discriminatory
- Get involved, if we have no authority to deal with the complaint
- Consider evicting tenants if there is limited documented evidence or no witnesses

**Details of the Complaint**

| Date  | Time  | Police Called  | Incident Report No. | Witnesses  | Witness Name(s) |
|-------|-------|--|---------------------|--|-----------------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____           |

Please list who was involved in the incident as well as their address

| Full Name | Address | Role in Incident (witness, participant) |
|-----------|---------|---|
| _____     | _____   | _____                                   |
| _____     | _____   | _____                                   |
| _____     | _____   | _____                                   |

Was anything damaged?  Yes  No

If so, what was damaged? \_\_\_\_\_

Was anyone hurt?  Yes  No

If so, what was the injury? \_\_\_\_\_

Nature of Incident (Check One)

- Damage                       Neighbor Dispute Safety                       Noise Complaint     Pet Issue
- Physical Violence               Safety                       Theft                       Other

What Happened- Brief description of incident

Are you willing to provide evidence in this matter at a hearing or mediation meeting?

- Yes    No

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ declare that the information I have reported is truthful.  
(Print Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal information contained in this form or in any attachments is collected by County of Lambton Housing Services Department in accordance with the Freedom of Information and Protection of Privacy Act or the Municipal Freedom of Information and Protection of Privacy Act and will be used only as set out in this form.