## Housing Authority of Frankfort, Kentucky

590 Walter Todd Drive Frankfort, Kentucky 40601

Telephone (502) 223-2148 (TDD) 1-800-241-2510 Fax (502) 875-1882

•	Fax (302) 6/3-100.
Date//	COMPLAINT FORM
Please fill in all parts w	hich apply to your complaint. Please print clearly.
Your Name	
	l'hone
If your complaint is about	out another person, please tell us who:
Their Name	Address
other information you f	letails of your complaint, including dates, times and any eel is necessary. This will help us to understand the prespond quickly. Thank You.
	fy in court about the facts of the problem?
	?
Please help us by makin complaint	g a couple of suggestions, which might help us solve your
I certify that above state	ments are true to the best of my knowledge.
	Signature