Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

HQS COMPLAINT

RESOLUTION CONTROL SHEET

•TENANT INFORMATION

Client Name: _____
PRINT NAME Phone Number

Client Address: _____
STREET

_____
CITY STATE ZIP

•OWNER/AGENT INFORMATION:

Owner/Agent Name: _____
PRINT NAME Phone Number

Owner/Agent Address: _____
STREET

_____
CITY STATE ZIP

Description of Complaint: _____

Has the owner/Agent been contacted? *YES NO

If "yes", what was the Owner/Agent's proposed resolution?

Is an inspection required to resolve this issue? Yes No

If "yes", what type of inspection is required? Complaint Quality Control (QCI) Follow-up

Date complaint has been assigned to the inspector: _____

Name of Inspector: _____