

ADDISON HOUSING WORKS INCIDENT REPORT- TENANT BASED

COMPLETED BY: _____ DATE: _____

SIGNATURE: _____ Property & Unit #: _____

INCIDENT CONCERNING:
(Name of person(s)involved in incident)

#1 _____

THIS PERSON IS A: RESIDENT NON-RESIDENT

PROPERTY: _____

#2 _____

THIS PERSON IS A: RESIDENT NON-RESIDENT

PROPERTY: _____

Were Emergency Services contacted? (Police, EMS, fire/rescue, etc.) YES NO

Check applicable category/categories

- Accident/Injury
- Disturbance
- Property Damage
- Alcohol/Drug

- Fire/Fire Alarm
- Tenant Safety
- Other: _____
- Other: _____

DATE: _____ TIME: _____ PLACE: _____

CIRCUMSTANCES: _____

Submit completed form to ACCT Property Manager Jeff Wedwaldt:

E-mail: jeff@addisonhousingworks.org **Mail:** PO BOX 156 Vergennes, VT 05491, C/O Jeff Wedwaldt.

By Fax: 802-877-2627, C/O Jeff Wedwaldt

Forms may also be dropped off at our Main Office at 272 Main Street Vergennes, VT 05491

ALL COMPLAINTS WILL REMAIN CONFIDENTIAL