



## HOUSING COMPANY TSHWANE

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SHOP 7 & 8, GROUND FLOOR, BOTHONGO PLAZA WEST, 271 FRANCIS BAARD STREET, PTA

<b><u>TENANT COMPLAINT FORM</u></b>			
Tenant's Name & Surname:			
Date:			
Unit No.:			
Contact Number:			
<b><u>NATURE OF COMPLAINT:</u></b> (tick relevant block)	Electrical	Plumbing	General
Description:			
Sign:			

- ❖ Please make sure that all complaints are submitted to the office or left with security, do not hand this form to unauthorized persons.
- ❖ All complaints should be made through the complaint form and **NO VERBAL** or telephonically made complaint/s will be accepted.

<b>OFFICE USE ONLY</b>	
Complaint taken by (HCT Official):	Date Received:
Recommendation:	Office Stamp: