



**SALISH KOOTENAI HOUSING AUTHORITY**  
**OF THE FLATHEAD RESERVATION**

Customer Request

This form is to be used to initiate a response from the Housing Authority regarding any action taken against an individual or failure by Housing Authority to take action regarding a request or complaint by an individual. A letter requesting action and signed by the individual may substitute for a Customer Request Form. PLEASE BE SURE TO USE BLACK INK WHEN COMPLETING THIS FORM.

Please fill this form out completely and return it to the Housing Authority office. A response will be received within ten working days from the Request.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

**Brief Description of Complaint**

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**Action Requesting by Customer**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

FOR OFFICE USE ONLY

CR# \_\_\_\_\_  
 ORIGINAL TO: CR FILE  
 COPIES TO: JASON ADAMS  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  
 DATE DISTRIBUTED: \_\_\_\_\_  
 DATE COMPLETED: \_\_\_\_\_