Fort Sill Housing Services Office
Complaint Form

Today Date: _____

Name: _____ Telephone#:_____

Complaint Initiator: Tenant_____ Property Manager: _____
Address: _____ Telephone: _____
_____
_____

Military Unit: _____Duty Phone: _____Last 4 SSN_____

Complaint:_____
_____
_____
_____
_____
_____
_____

Signature_____

HSO Staff Member: _____Date:_____

Contact Made: _____

Date Closed/Resolved:_____
_____
_____
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