

Albertslund Ungdomsboliger

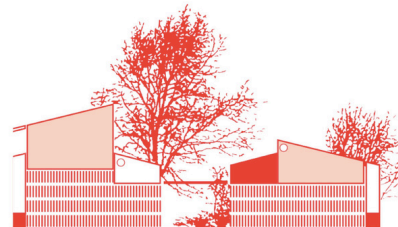
COMPLAINT FORM

This form is to be used if you wish to file a complaint about a violation of the house rules in Morbærhaven.

The complaint must be handed in at the administration office in Center 2.

Please write in block letters or type.

MORBÆRHAVEN



- mere end blot en bolig!

Who do you wish to file a complaint about?

Name:

Lejl. nr.:

Have you spoken to the person concerned about the problem? (tick the box)

Yes: No:

When did the incident(s) you wish to file a complaint about take place?

Date(s):

What do you wish to file a complaint about? (title of the complaint)

Description of the incident(s) (details of the complaint): (Use the back of the form or attach additional pages if needed)

Name of complainant:

Apartment no.:

Date:

Signature:

RESERVED FOR ADMINISTRATION USE

Behandlet d. _____

Behandlet af: _____

Videre forløb: _____

Morbærhaven 100,2620 Albertslund

Åbningstider: Man-tir-ons: 13:00 - 15:00 tor: 13:00 - 16:30 fre: 10:00 - 11:30
Tlf. 43 46 23 46 Telefontider: Man-tir-ons: 10:00 - 12:00 tor: 13:00 - 16:30 fre: 10:00 - 11:30