



## TENANT CONCERN FORM

Someone will get back to you about your request or concern shortly. **For after-hours emergencies contact our on-call staff at 705-742-5445.**

To:	Requestor Information
AON INC. P.O. Box 296 Peterborough, ON K9J 6Y8	Building Name _____ Apartment # _____ Tenant Name _____ Daytime Phone # _____ Email address _____

Type of Request/Concern	For Complaint About Another Tenant
<input type="checkbox"/> Maintenance to Suite <input type="checkbox"/> Maintenance to Building <input type="checkbox"/> Service Issue <input type="checkbox"/> Billing Issue <input type="checkbox"/> Complaint about another tenant <input type="checkbox"/> Other	Name of the tenant (if known) and suite #:    <i>Note: Your name will be kept confidential to the extent possible. However, if a hearing is scheduled with the Landlord and Tenant Board, you may be requested to attend as a witness.</i>

Description of Concern <i>(For complaints, please provide specific details, including dates and times.)</i>

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature