

## RESIDENT GRIEVANCE PROCEDURES

**FIRST STEP** Should a resident have a complaint or concern, it should be submitted in writing to:

Property Name:

Mailing Address:

City State Zip:

Phone Number: \_\_\_\_\_

(Place Property Stamp with Phone Number Here)

**SECOND STEP** Should a resident feel that his/her complaint or concern has not been satisfactorily resolved, he/she should then submit his/her complaint or concern in writing adding a statement explaining why he/she feels it has not been satisfactorily resolved to:

\_\_\_\_\_, Regional Property Manager

Franklin Asset Management Co. Inc.

P.O. Box 99564

Louisville KY 40269

(502) 491-2422

(502) 495-2672 (Fax)

**THIRD STEP** Should a resident still feel that his/her complaint or concern has not yet been satisfactorily resolved, he/she should submit his/her complaint or concern in writing adding a statement why he/she feels it has not been satisfactorily resolved to:

Comments & Complaint Department

Franklin Asset Management Co. Inc.

P.O. Box 99564

Louisville KY 40269

(502) 491-2422

(502) 495-2672 (Fax)

**THESE PROCEDURES DO NOT APPLY ONCE SERVICE OF A LEGAL NOTICE HAS BEEN INITIATED FOR TERMINATION OF TENANCY. IN THIS EVENT, THE PROCEDURES SET FORTH IN THE LEGAL NOTICE MUST BE FOLLOWED.**

**GRIEVANCE REPORT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PROPERTY NAME: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_ APT #: \_\_\_\_\_

I am filing this grievance report because:

[ ] On \_\_\_\_\_(date), I asked for a service request for \_\_\_\_\_  
\_\_\_\_\_ and it is not fixed. Explanation: \_\_\_\_\_

[ ] On \_\_\_\_\_ (date), I received a bill for damage repair/replacement of \_\_\_\_\_  
\_\_\_\_\_ for \$\_\_\_\_\_. I disagree with this because \_\_\_\_\_

[ ] On \_\_\_\_\_ (date), I received a Termination of Tenancy notice and I disagree with it because: \_\_\_\_\_

[ ] On \_\_\_\_\_ (date), I received an infraction notice for \_\_\_\_\_  
\_\_\_\_\_ and I disagree with it because: \_\_\_\_\_

[ ] On \_\_\_\_\_ (date), I became upset with \_\_\_\_\_  
(name of employee or sub-contractor) because: \_\_\_\_\_

[ ] On \_\_\_\_\_ (date), \_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

Management Response: