

**United States Army Garrison—Daegu  
Army Family Housing Tower Mayors Program  
Resident Complaint Form**

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

**Complaint From**

☐ *I wish to remain anonymous*

- Name:
- Date of Incident:
- Tower Number:
- Room Number:
- Phone Number:
- Email:
- Sponsor's Unit:
- Direct Supervisor Name:
- Direct Supervisor Contact:

**Complaint Against**

*(fill-in as much information as possible)*

- Name:
- Tower Number:
- Room Number:
- Phone Number:
- Email:
- Sponsor's Unit:
- Sponsor's Supervisor:

**Indicate the Type of Complaint. Check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Noise (excessively loud or after quiet hours) | <input type="checkbox"/> Sanitary (improper disposal – trash, recycling, waste, etc.) |
| <input type="checkbox"/> Pet (unleashed, excessive barking, pet waste) | <input type="checkbox"/> Children, unsupervised                                       |
| <input type="checkbox"/> Pet (aggressive behavior)                     | <input type="checkbox"/> Children, misconduct   |
| <input type="checkbox"/> Common Area, disorganized/unsanitary          | <input type="checkbox"/> Child abuse (actual or suspected)                            |
| <input type="checkbox"/> Vandalism/ willful negligence                 | <input type="checkbox"/> Hazard to safety/security                                    |
| <input type="checkbox"/> Smoking in prohibited area                    | <input type="checkbox"/> Foul language/ harassment                                    |
| <input type="checkbox"/> Domestic dispute (actual or suspected)        | <input type="checkbox"/> Other: _____   |

**Summary of Complaint:**

NOTE: For maintenance-related issues, please follow the appropriate steps to submit a maintenance request.  
For instructions, visit the Tower Housing Webpage: <https://home.army.mil/daegu/index.php/my-fort/family-housing-towers>  
For life, health, and safety emergencies, call: **0503-364-5911**

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**Tower Mayors and Garrison Housing Representatives**

**Responding Mayor:**

**Action Taken:**

- ☐ Addressed complaint with Resident(s) involved
- ☐ Elevated Issue to Chief of Housing Division for assistance
- ☐ Elevated Issue to Garrison Commander's Appointed Representative for assistance
- ☐ Notified Garrison Command Team; no assistance required at this time
- ☐ Notified Garrison Command Team; assistance required

**Summary of Action:**

**Occurrence Tracker—Specific to this incident (insert date):**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> First Incident: _____            | Action Taken: _____ |
| <input type="checkbox"/> Second Incident: _____           | Action Taken: _____ |
| <input type="checkbox"/> Third Incident: _____            | Action Taken: _____ |
| <input type="checkbox"/> Fourth Incident: _____           | Action Taken: _____ |
| <input type="checkbox"/> Additional Incident Dates: _____ | Action Taken: _____ |

**Summary of Follow-up and Resolution:**

**Acknowledgement:**

**Mayor:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Housing Rep:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**GC's Rep:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

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