

Grievance / Complaint Form

ATL-F-011

Person Submitting Concern

Name	Resident / Applicant / Other	Property
Phone	Email	

Concern / Complaint

Date of Event	People Involved (if known)
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Describe the concern / complaint

Requested Resolution

Non-Retaliation

Alexti prohibits retaliation for making a good-faith complaint, requesting an accommodation, reporting a safety concern, or exercising lawful rights.

For Alexti Use

Received By	Date Received	Assigned To	Follow-Up Due	Resolution Date
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Resolution / Follow-Up

Person Submitting (optional)	Date	Alexti Reviewer	Date
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