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RESIDENT CONCERN FORM

At Tanglewood we strive to maintain an excellent living concerns may arise that should be addressed and resol	environment for our residents. In ved to help improve our commun	some cases, ity for everyone.
Please complete the following information to help us res		
Name of Person filing concern:	Date:	
Your Address;		
Email Address:		
Name and/or Address where concern in located:		
DescribeConcern:		
	Å	
Date and initials of Person Receiving Concern:,		
Date Concern was Addressed:,	Ву	
from the office, contacted Notify them that their concern was addressed/resolved. Da		*0
This information is kept confidential, I need your contact	info, in the event we have quest	ions

or need additional information. Calls are returned with-in 48 hours, except Friday concerns they will be followed up next business day.