

EBR ERAP Complaint Form

Applicant Full Name:	Applicant ID #:
Applicant Property Address:	
Applicant Phone Number:	Email:
Please describe in detail your complaint, a involved or the names of those who may be	all relevant facts and dates, and the names of individuals have relevant information:
Applicant Signature:	Date:
your complaint can be assigned to an E	



FOR ERAP STAFF USE ONLY

Date Received:	Staff Person Assigned to Complaint:	
Resolution:		
Additional Comments:		
		
ERAP Staff Signature:	Date Resolved:	