



Community and Social Services Division
Housing Department
Smoking Complaint Log

Your Name: _____ **Your Unit Address:** _____

Please immediately report concerns to your Case Manager about smoke affecting you or your family in your unit. After making the complaint, track the problem in the smoking log for a month and then provide this form to your Case Manager.

Information to include:

1. How is the smoke affecting the health of you or your family?

You may be required to provide medical documentation that the smoke is adversely affecting a medical condition.

2. How is the smoke interfering with the use and enjoyment of your unit?

Smoking Complaint Log		
Date	Time (am/pm)	Please track smoking issues for a month. Include the following details per incident: <ol style="list-style-type: none"> 1. Where is the smoke coming from, and how is it entering the unit? Include dates and times. 2. What happened?

Note: Please attach additional pages where required.

DECLARATION

I/we the undersigned understand and declare that I/we:

1. Have supplied the information on this form to the best of my/our knowledge and belief. All statements are true, and no information required to be given has been withheld or omitted. Specifically, I/we have reported how smoke in public housing has affected my household in good faith.
2. Will be required to attend the Landlord and Tenant Board Tribunal as a witness and share this information, should a hearing be scheduled.

Tenant Signature

Date