

Schedule
Housing Condition Protocol

TENANT

	Item Number	Room (tick where appropriate)	Complaint (identify briefly)	Notice given (How was the landlord made aware of the problem)	Inconvenience suffered (How has the complaint affected you)
Exterior of premises, roof and access Comment:					
Entrance, hall and storage Comment:					
Living room (s) Comment:					
Kitchen Comment:					
Bathroom Comment:					
Bedroom 1 Comment:					
Bedroom 2 Comment:					
Bedroom 3 Comment:					
Other Comment					