Preston Bradley Center

Problem Report Form

Name of Person Reporting:_____ Date:_____

Phone:_____

Location of Problem:_____

Type of Problem:

- ☐ Plumbing
- ☐ Electrical
- ☐ Stove
- ☐ Other: _____
- ☐ Door
- ☐ Elevator
- ☐ Telephone
- ☐ Refrigerator/Freezer
- ☐ Leaks

Description:_____

Resolution: (*To be completed by management*) Date:_____