



Restore St. Johns – St. Johns County Hurricane Housing  
Recovery Program  
Formal Grievance/Complaint Form

Please provide the following information so that we may properly serve you!

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant ID (If known): \_\_\_\_\_

Complaint Information:

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Please email complaint form to [cdbgdr@sjcfl.us](mailto:cdbgdr@sjcfl.us)