



Client Complaint Form

Commonwealth of Massachusetts

Allow us the opportunity to review your concerns. Please fill out this form and send to: PDS Real Estate Investments, Attn: Director of Consumer Relations, 210 Park Ave, Mail Stop 309, Worcester, MA 01609 or Fax to 508-377-7170. You will receive a written confirmation of receipt of your complaint by mail within 5 business days. A notification of the final decision will be sent to you within 10-14 business days. You may be contacted by management if any additional information is required. Thank you

Client File Number: _____ (*Internal Use Only*)

Date of Complaint : _____

Agent Name: _____

Client/s Name: _____

Mailing Address: _____

Home Telephone: _____

Work Telephone: _____

Other Telephone: _____

Email: _____

Date/Period of Incident : _____

Please describe the nature of your complaint below: (use back if additional space is needed)