



COMPLAINT FORM

Complaint Number

Empty box for Complaint Number

Complainant Name: (Your Name and Address) Phone:

Mailing Address:

Fax: E-mail:

(Signature of Complainant) (Print or type name here) (Date)

Briefly Describe Complaint about the Property Causing the Problem:

Four horizontal lines for describing the complaint

Is this rental property? Manager's Name: Manager's Phone:
Were you aware of this problem when you moved in? How long has this problem existed?
Have you discussed this problem with the owner?
What was the property owner's reaction?

Address of Property Causing the Problem:

(Street No.) (Street Name) (Zip Code)

Driving Directions:

Village: Township:

Property Owner: Phone:

Address:

Fax: E-mail: