



## Rental Housing Inspection Program Complaint Form

SUBMITTER CONTACT INFORMATION		
1. Name:		Check if Tenant [ <input type="checkbox"/> ]
2. Street Address:		
3. State:	4. Zip Code:	5. Phone Number:
6. Email Address: <i>(optional)</i>		
PROPERTY INFORMATION		
7. [ <input type="checkbox"/> ] Street Address Same as Above <i>(if so, check box and skip to box 11)</i>		
8. [ <input type="checkbox"/> ] Different Street Address:		
9. State:	10. Zip Code:	
11. COMPLAINT: <i>(Please enter statement below. Use additional pages if necessary).</i>		
Signature:		Date: