

**CITY OF BAY CITY – RENTAL HOUSING SERVICES
TENANT COMPLAINT FORM**

Location Address: _____ Unit #: _____ Total Units: _____

Description of Complaint : (describe problem and give location; such as Apt #2 Kitchen – drain leaks)

(Use one form per complainant [per person] – use additional sheets if necessary to describe problem)

OWNER INFORMATION:

Name: _____ Phone: _____
Owner's Mailing Address: _____
Manager: _____ Phone: _____
Manager's Mailing Address: _____

COMPLAINANT INFORMATION:

Name: _____ Phone: _____
Address: _____ Unit #: _____

Have you notified the owner/manager of the problem? _____ Yes _____ No
If so, did you notify them by: _____ Written Notice _____ Phone Call _____ In Person
When did you first notify them? _____ Last notification? _____

LEASE INFORMATION:

Do you have a written lease or rental agreement? _____ Yes _____ No
Were you given an inventory checklist at move in? _____ Yes _____ No
Did you complete and return the inventory checklist? _____ Yes _____ No
Have you been served a written demand for possession from the owner or manager?
(such as a 7 Day Non-Payment of Rent Notice” or “30 Day Notice to Quit”) _____ Yes _____ No
If so, when were you served? _____ (please attach a copy of the notice to this form)
Are you withholding rent – pending completion of repairs? _____ Yes _____ No
Have you notified the owner in writing that you are escrowing rental payments? _____ Yes _____ No
Have you deposited the rent into an escrow/savings at a lending institution? _____ Yes _____ No

AFFIRMATION:

I affirm that the information I have provided is accurate. I acknowledge receipt of the publication entitled “A Practical Guide for Tenants and Landlords”.

Signature: _____

Date: _____

