Tenant Complaint Form

Attached please find for your information copies of the Department of Consumer Protection pamphlet on Tenants Rights and Responsibilities from the State of Wisconsin and the EPA guide to mold. Please read the information before filling out the compliant to assure that the inspection department receives all the proper information and that your rights are protected. The inspection department will need all the following information and copies or no official enforcement can be started:

1. Copy of your current signed and dated lease or contract with the responsibilities of the landlord and tenant listed. (i.e. repairs, utilities, maintenance, snow removal, grass cutting)

2. Copy of the original list of violations (i.e. plumbing leaks, smoke alarms, broken outlets or switches, broken windows or stairs) that were found. Also the date to be corrected by when the initial walk thru was completed, signed and dated by the tenant and the landlord at the time you signed your lease, contract or rented.

3. Copy of your current rent receipt. (If you are under a 5 day, 14 day or an eviction notice; no action will be taken. You will then need legal assistance)

4. Please provide a detailed description of the alleged violations and the dates and times the landlord was contacted to fix the problem. **You must provide evidence that the landlord was notified first and received in writing the nature of the complaint from the tenant .** The tenant is encouraged to provide photographic evidence of violations and/or copies of dated complaint correspondence which will then become the property of the municipality.

For issues of mold, see the attached pamphlet or you may contact the County Health Department. Please be aware, local ordinances do not address optional items furnished by the landlord such as stoves, refrigerators, furniture, or similar items unless there is an associated hazard. If those items are unsafe the landlord may fix or remove them according to the terms of the tenant lease or contract.

The following areas in bold must be completed fully or no enforcement can be considered:

1) **Landlord Name** _____

   Address _____ **City & State** _____

   Phone # _____ **Mgr. #** _____

2) **Tenant Name** _____

   Rental Property Address _____

   Tenant Phone # _____

   Tenant Signature: _____ **Date:** _____

   *Date Received by Municipality*_____

   Tenants complaints or issues; (please attached additional information)

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