

City of Windom

Rental Housing Complaint Form

Date of Complaint: _____

Address: _____ Unit/Apt. No: _____

Building/Property Owner: _____

Tenant Name: _____ Phone No.: _____

Nature or Reason for Complaint:

Have you contacted the property owner? Yes No Tried, but no response
Date contacted: _____ Contacted by: Phone Email Mail Other: _____

Is this the first complaint you have made? Yes No Date of Last Complaint: _____

Signature of Complainant: _____ Date: _____

----- **For City Use** -----

Date Received: _____

Is Deposit Required? Yes No Date of Last Complaint: _____
Deposit Paid By: _____ Received By: _____
Check Number: _____ Cash Credit Card Amount: _____

Date of Letter to Owner: _____ Deadline to Schedule Inspection: _____

Inspection Date: _____ Result: Pass Fail
Date of Re-inspection: _____ Result: Pass Fail

Comments: _____

Deposit Returned: Yes No Date Returned: _____

Returned to: _____ Signature: _____