

# Rental Inspection Program Administrative Policy Appendix D:



## City of Grinnell Rental Complaint Form

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Phone #: \_\_\_\_\_

Does this complaint pertain to a life safety issue? Yes No

Do you currently live at this residence? Yes No

Registered this complaint with your landlord? Yes No Date Filed: \_\_\_\_\_

Description of Complaint - Please describe the complaint in full detail including dates and times if appropriate. Continue complaint on back of this form if you need additional room.

**Please attach to this complaint form along with any additional information, such as pictures showing problems, communications with the owner/manager prior to this complaint, or any other supporting information.**

I understand that by filing this complaint that the City of Grinnell will make contact with the property owner or owner's representative to investigate the problem. I also understand that the City will only investigate complaints that are from the current tenants of the property and that the name of reporting tenant is public information and will be released to the owner at the time of notice. The City will make contact with the owner or owner's representative within two (2) business days of the date this complaint is received. I understand that there are some items in which the City may not be able to assist on and that in those cases the City will notify me using the contact information provided above. Finally, I understand that if a life safety complaint is found not to have merit, I will be responsible for paying the inspector the \$100.00 inspection fee. I certify that all the information on this form is true and correct.

Signature: \_\_\_\_\_

### Official Use Only

Complaint Received By:	\$50.00 Inspection Fee Collected (Y/N):
Owner Notified Date:	Inspection Conducted (Y/N):
Inspection Date:	Violations found (Y/N):
Inspector Assigned:	Deposit returned/Fee Collected (Y/N):