RENTER COMPLAINT FORM

1) Landlord Name _____

Adddress _____ City & State _____

Phone # _____

2) Tenant Name _____

Adddress _____ City & State _____

Phone # _____

Tenant Signature(s)_____

Printed Name(s)_____

Date _____

Please provide a detailed description of the alleged violations and the dates and times the landlord was contacted to fix the problem in the space provided on the next page. **You must provide evidence that the landlord was first notified and received in writing the nature of the complaint.** The occupant is encouraged to provide photographic evidence of violations which will then become the property of the municipality and will not be returned. For issues of mold, you may contact your local County Health Department. All complaint forms **MUST** be signed by tenant(s) and the tenant(s) **MUST** be current on their rent. Also, please include a copy of your rental agreement with this form. **NO FAXES WILL BE ACCEPTED**. Please mail this completed and signed form along with all other pertinent information to your municipality.

For further information regarding Tenant/Landlord Rights, please refer to Wisconsin State Statute 704.

Please describe all alleged violations and the dates/times the landlord was contacted to fix the problems below:

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Tenant Signature(s)_____

Date _____