

## CITY OF MANITOWOC

## **TENANT COMPLAINT FORM**

Community Development Department - Building Inspection Division 900 Quay Street, Manitowoc, WI 54220

Phone: 920-686-6940 | Fax: 920-686-6949

Location Address:	Unit #:			
<b><u>Description of Complaint</u></b> : (Give area location and describe p	oroblem ie: Apt #2	Kitchen -	– drain leaks)	
OWNER INFORMATION:				
Name:		Phone:		
Manager:		Phone:		
COMPLAINANT INFORMATION:				
Tenant:		Phone:		
Have you notified the owner/manager of the problem?	Yes	□No		
How did you notify them?	☐ Written No	tice	Phone Call	☐ In Person
When did you first notify them?	Last notification ?			
Are you voluntarily vacating the premises?  Department staff do not conduct exit inspections. Tenant sel	f-inspection check	lists are	Yes Yes available from the	□No ne department.
LEASE INFORMATION:				
Do you have a written lease or rental agreement?			Yes	□No
Did you inspect the unit before renting it?			Yes	□No
Did the property concern(s) you are calling about today exist when you moved in?			Yes	□No
Did you ask for a <u>written</u> repair list for concerns with specific dates for completion?			Yes	□No
Are you withholding rent – pending completion of repairs?			Yes	□No
Have you been served an eviction notice from the owner or r	manager?		Yes	□No
If yes, when were you served and what type of notice did you	u receive?			
5 Day Notice to Pay or Quit (Pay overdue rent or vacate)	14 Day Notice	e to Quit	(Vacate, no opp	ortunity to cure
30 Day Notice to Quit (Pay overdue rent, comply with leas	se, or vacate)			