



Jackson County Health Department

SANITARY HOUSING COMPLAINT FORM

Tenant Name:

Date:

Property Address:

ZIP:

Property Owner Name:

Property Owner Address:

ZIP:

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Has an eviction notice been served to the tenant or has the court opened an eviction case for the property? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Is the tenant behind on regular rent payment or for any reason stopped paying rent? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. Has the tenant made the landlord aware, through certified mail, of specific repairs being requested? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. Can the tenant provide a copy of the signed lease or rental agreement for the property? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. On what date did the tenant move into the property? | _____ | |

Your Name:

Date:

Address:

ZIP:

Phone Number:

E-mail Address:

Signature of complainant