

City of Three Rivers Rental Housing Complaint Form

<u>Check One</u>	
Tenant	<input type="checkbox"/>
Landlord	<input type="checkbox"/>
Other	<input type="checkbox"/>

Date: _____ Complainant Name: _____

Complainant Phone: _____ Address of Rental: _____

Owner/Landlord Name: _____ Phone: _____
(Circle one)

Owner/Landlord Address: _____
(Circle one)

Have you notified the owner/landlord in writing? Yes No

If yes, provide a copy of the notice to our office. See contact information below.

If no, do not submit the form until notification has been provided to the owner/landlord in writing. You must allow 10 days for the owner/landlord to address the issues.

THIS COMPLAINT FORM WILL NOT BE ACCEPTED UNTIL YOU HAVE ALLOWED THE RESPONSIBLE PARTY 10 DAYS TO MAKE CORRECTIONS.

Details of Complaint:

Emergency/Dangerous situations must be reported to the owner/landlord/manager/emergency contact and SAFEbuilt (269) 729-9244.

After completing the form, return it to: SAFEbuilt
P.O. Box 190, 107 S. Capital Ave
Athens, MI 49011
(269) 729-9244 Phone (269) 729-9254 Fax
glindsey@safebuilt.com

*Should you have questions regarding this form, please contact SAFEbuilt
Monday through Friday, 8:00 am to 4:00 pm*