



Inspections Department

Building Official

PORT OF OPPORTUNITIES

**RENTAL PROPERTY COMPLAINT FORM**

**TENANT INFORMATION**

Name of Tenant: \_\_\_\_\_ Address \_\_\_\_\_

Apt # \_\_\_\_\_ Tenant Contact Number \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_

Housing Type:     Single Unit     Apt Unit     Rooming House

Have your concerns been told to the owner and/or property manager?    Yes     No

If you have NOT contacted owner or property manager explain why \_\_\_\_\_

Does the tenant have a signed lease or rental agreement?     Yes     No

Has the tenant(s) been served with an eviction notice?    Yes     No

Is there scheduled eviction court date?    Yes     No

Is the rent current?    Yes     No

**No action will be taken by this department if an eviction notice has been served or if a pending court date has been filed with the Berrien County Eviction Court.**

Complaint: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Telephone \_\_\_\_\_

Do you have a caseworker ? \_\_\_Yes \_\_\_No    Have you contacted him/her regarding this complaint? \_\_\_Yes \_\_\_No

If Yes, what did caseworker tell you? \_\_\_\_\_

Case Worker Name: \_\_\_\_\_

**ACKNOWLEDGEMENT:** By signing this complaint form you hereby acknowledge that the information submitted above is true and accurate to the best of your knowledge.

Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other resources:** Legal Aid, 1-888-783-8190; Emergency Shelter, 925-1131; Fair Housing Center 1-866-637-0733

**Return to:** City of Benton Harbor, Inspection Department, 200 E. Wall Street, Benton Harbor, MI 49022.

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