



Rental Housing Complaint Form

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

Date: _____ Complaint Name: _____

Complaint 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 Inc., (269) 729-9244.

After completing the form, return it to: SAFEbuilt Inc.

P.O. Box 190, 107 S. Capital Ave
Athens, MI 49011
(269) 729-9244 Phone (269) 729-9254 Fax
athensmi@safebuilt.com

Should you have questions regarding this form, please contact Safe Built, LLC
Monday through Friday, 8:00 am to 4:00 pm (closed 12:00-1:00).