

Housing Health and Safety Complaint Form

LCGHD/BOH REG. 1610 (4/2017)

Please complete the required information below and return this **signed** complaint form via:

- Email to: Housing@lcghd.org
- Fax to: (440) 359-6186
- Mail to: 5966 Heisley Road, Mentor, Ohio 44060
- Submit in person at: 5966 Heisley Road, Mentor, Ohio 44060.

*****The signed form must be received before the investigation may begin.**

Today's Date: _____

Name of Occupant or tenant: _____

Address/City: _____

Daytime phone: _____ Email: _____

Names and approximate ages of all occupants in the home:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Number of pets: cats _____ dogs _____ other _____

How long has the occupant lived in the home? _____

Is there a written lease? (Circle) Yes / No On what date does the lease expire? _____

Is the tenant planning to move within the next 30 days? (Circle) Yes / No. When? _____

Is the occupant current on rent payments? (Circle) Yes / No

Is the tenant currently under an eviction notice? (Circle) Yes / No

Is there any reason the investigator should be concerned about his/her safety while visiting this home?

Please describe: _____

Conditions that threaten the occupant's health or safety (be specific):

Date conditions were observed or became known to the person making complaint: _____

Name of property owner if different than occupant/tenant: _____

Address/City: _____

Daytime phone: _____ Email: _____

Has property owner been notified of the conditions? (Circle) Yes / No If Yes, When? _____

What was the response? _____

What other agencies have been contacted regarding these conditions? _____

Name of Person making complaint: _____

Agency name (if applicable): _____

Address/City: _____

Daytime phone: _____ Email: _____

Signature: _____ Relationship to occupant or tenant: _____