



# 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](mailto:Housing@lcghd.org)
- Fax to: (440) 350-2548
- 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: \_\_\_\_\_