



Rental Property Complaint Form

Date Complaint Filed: _____

Tenant Name: _____ Phone Number: _____

Property Address: _____

Owner: _____

Owner's Phone Number: _____

Manager's Name: _____ Manager's Number: _____

Do you currently live at this residence? Yes No

Registered this complaint with your landlord in writing? Yes No Date Filed: _____

Describe the complaint in full detail including dates and times if appropriate. Continue on the back of this form or an additional sheet if needed. Please attach any supportive photographs/documents.

I understand that by filing this complaint, the City of Chariton will contact the property owner/owner's representative to investigate the problem. I also understand that the City will only investigate the complaints that are from the current tenants of the property and the name of the reporting tenant is public information and will be released at the time of notice to the owner. The City will contact the owner/owner's representative within two (2) business days of the date this complaint is received. I understand that there are some items in which the City may not be able to assist on and that in those cases the City will notify me using the contact information provided above. Finally, I understand that if the complaint is found to not have merit, I will be responsible for paying the \$75.00 inspection fee. I certify that all the information on this form is true and correct.

Signature: _____ Date: _____

City of Chariton
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
Revised January 2023

Complaint Received: _____ Date Owner Notified: _____
Inspector Assigned: _____ Inspection Date: _____
Violations Found: _____
Inspection Fee Collected: Yes No Amount: _____