

**HOUSING DIVISION COMPLAINT FORM**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please Print Legibly)

ADDRESS OF COMPLAINT: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Complaint Is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Personal information on this form is optional. If you provide this information, it may be given out per the provisions of Ohio Revised Code 149.43. If you choose not to provide this information, you must sign "Anonymous". If signing Anonymous, please do NOT put an address & phone number below.**

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Return To: Akron Housing Division  
146 S. High St., Ste.700  
Akron, OH 44308  
Phone: (330) 375-2366**

**DO NOT WRITE BELOW THIS LINE - DO NOT WRITE ON OTHER SIDE OF THIS PAPER**

**FOR OFFICE USE ONLY**

New Complaint

Active Complaint

# \_\_\_\_\_

# \_\_\_\_\_

OWNER # \_\_\_\_\_

OWNER # \_\_\_\_\_

SANITARIAN \_\_\_\_\_

SANITARIAN \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROGRAM \_\_\_\_\_ (W)

PARCEL \_\_\_\_\_