Millie Youngquist, Mayor Kathy Kron, City Clerk Kevin Olson, City Attorney Joe Gaa, City Administrator

146.11 COMPLAINTS



City of Washington 215 East Washington Street Washington, Iowa 52353 (319) 653-6584 Phone (319) 653-5273 Fax

Date received by City:

RENTAL HOUSING REGULATORY AND INSPECTION PROGRAM COMPLAINT FORM

Star	dards for formal complaints:
	The complaints shall be in writing upon a form provided by the City of Washington and signed by the complainant.
	such complaints shall state the address of the premises, the name of the owner, landlord of operator, name of tenant, and shall state the nature of the alleged violation with specificity.
	In the case of tenants making complaints concerning the dwelling or dwelling unit in which they eside, such tenant shall attach a dated copy of the notice in which they requested the owner of operator to correct the alleged violation (including evidence of delivery confirmation or certified nail return receipt), unless the complaint pertains to an emergency situation as determined by the administration.
	t is a violation of the provisions of this chapter for an owner or operator to take reprisals agains any tenant making a complaint under the provisions of this chapter. Any such reprisals shall constitute a municipal infraction.
CON	PLAINANT NAME PHONE
ADD	RESS OF PROPERTY
CON	PLAINT FILED AGAINST
NATURE OF COMPLAINT (Attach additional pages if needed)	
hou	cify that I have complied with Washington Code of Ordinances Section 146.11 regarding rental ing complaints, and that the information I have presented in this complaint is true and accurate to sest of my knowledge.
CON	