

# Residential Housing Program

## Complaint Form

Please answer the questions below completely and accurately. Print all information legibly.

Property Information	
Please provide the following information regarding the complaint property. If not sure, give as much information as possible, leave blank if unknown.	
Name	
Phone #	
Property Address (include apartment, room, or space # and zip code)	
Property Type	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Hotel Room <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Mobile Home <input type="checkbox"/> Penal Institution <input type="checkbox"/> Single Family Home
Owner/Landlord Name	
Owner/Landlord Phone #	
How long have you (or tenant) lived at this address?	
Are rental payments up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, number of months behind:
Complaint	
Complainant Authorization	
<b>By signing below, I agree that all the above information is true to the best of my knowledge. I also give permission to Pueblo Department of Public Health and Environment to contact me with questions regarding this complaint.</b>	
Complainant's Signature:	Date: