

ALTOONA DEPARTMENT OF HOUSING

COMPLAINT FORM

Prior to this office investigating any complaint or concern the tenant/occupant must submit this form to the owner/agent (landlord) of the property.

Name of Tenant: _____

Telephone No. _____

Address of Tenant: _____

Nature of issue: _____

An owner or agent shall have seven (7) calendar days *from the date of submittal* to address the complaint. If the complaint is not remedied to the tenant's satisfaction within seven (7) calendar days the Department of Housing will schedule an inspection appointment with the tenant and owner (Section 162.18).

If, upon inspection, department staff department discovers that the residential rental property is either:

1. Found to be in non-compliance due to an omission of the owner then the owner shall be responsible for payment of the inspection fee per Ordinance section 162.12, or
2. Found to be in non-compliance due to an omission of the tenant then the tenant shall be responsible for payment of the inspection fee per Ordinance section 162.12, or
3. Found to be in compliance then the tenant shall be responsible for payment of the inspection fee per Ordinance section 162.12.

I, (Print) _____, hereby acknowledge that I have read this form and state that the above information is correct, and agree to comply with all provisions as stated herein.

Tenant Signature

- No person shall maintain an action for eviction because the occupant has reported a violation of this Ordinance or a related provision of the City Code to the Department of Housing or other city offices or employees.
- No person shall cause any service, facility, equipment or utility required under this Chapter to be removed, shut off or discontinued in retaliation for a complaint.

Date of Submittal to owner/agent _____

CITY USE

DATE RECEIVED _____