



**CITY OF BLOOMINGTON
RENTAL COMPLAINT FORM**

HOUSING & NEIGHBORHOOD DEVELOPMENT
P.O. BOX 100
BLOOMINGTON, IN 47401
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EMAIL: hand@bloomington.in.gov

ADDRESS OR LOCATION OF THE COMPLAINT: _____

COMPLAINANT INFORMATION

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		

NATURE OF THE PROBLEM

HOW LONG HAS THE PROBLEM EXISTED: _____

WHEN DID YOU NOTIFY THE OWNER/AGENT: _____

HOW DID YOU NOTIFY THE OWNER/AGENT: ☐ IN PERSON ☐ IN WRITING ☐ BY PHONE

COMPLAINANT SIGNATURE: _____

OFFICE USE ONLY

OWNER'S NAME:
ADDRESS:
NEIGHBORHOOD COMPLIANCE OFFICER:

HOUSING CODE FILE: ☐ YES ☐ NO

CITY LIMITS: ☐ YES ☐ NO 2 MILE FRINGE: ☐ YES ☐ NO

COMPLAINT RECEIVED BY: _____ DATE: _____ TIME: _____

COMMENTS: _____