



## Complaint Form

Complete and submit this form to the Department of Licenses and Inspections if your leased residence is infested with bed bugs and the landlord fails to meet obligations to remediate the infestation in accordance with [Bill #190106](#).

### PART A

Contact information for tenant and landlord

Affirmation of lease agreement

**A**

Tenant Name \_\_\_\_\_

Tenant Address \_\_\_\_\_  
Street Apt/Unit# City State Zip Code

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_  
Street Apt/Unit# City State Zip Code

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

A copy of the lease agreement demonstrating tenant / landlord relationship is attached.

**Note:** The Department cannot take action unless the lease agreement is provided.

### PART B

Complaint and affirmation of documentation

**B**

Type of complaint (select one):

Landlord failed to respond to the initial complaint. Date of initial complaint: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**Note:** At least 10 days must have lapsed from the initial complaint for the department to take any action.

A copy of the notification and delivery of initial complaint to the landlord is attached.

**Note:** The Department cannot take action unless proof of complaint is provided (i.e. email, text message, mailing receipts, etc).

Landlord failed to comply in part or whole with recommended remedial services.

A copy of the investigation results provided by the landlord is attached.

**Note:** If a copy of the investigation results is not available to you, please include as much information as possible in the description below.

Description of lapse in service (use separate sheet if needed): \_\_\_\_\_

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

### Declaration & Signature

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_