



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 <u>Bill</u> #190106.

PART A		Tenant Name _					
Contact		Tenant Address	S		City		
nformation for tenant and							
andlord		Email			Phone ()		
Affirmation of ease agreement	A	Landlord Name					
		Landlord Addre	SS	A 4 (1 L ; 4 H	City	04-4-	7:- 0 - 1
		Email			Phone ()		
			locumentation showing ecuted lease agreeme		tenant relationship is attent)	ached to this	application.
			Department cannot tak o is provided.	e action unless the do	ocumentation establishin	g existing lan	dlord / tenar
PART B		Type of complain	int (select one):				
Complaint and affirmation of documentation		☐ Landlord fa	iled to respond to the i	nitial complaint.	Date of initial compla	aint:/_	
					complaint for the depart		
			☐ A copy of the no	otification and delivery	of initial complaint to the	e landlord is a	attached.
				artment cannot take ac sage, mailing receipts	ction unless proof of com , etc).	nplaint is prov	ided (i.e.
	В	☐ Landlord fa	illed to comply in part o	or whole with recomme	ended remedial services		
			☐ A copy of the in	vestigation results pro	ovided by the landlord is	attached.	
				of the investigation re on as possible in the d	sults is not available to y escription below.	ou, please in	clude as
			Description of la	apse in service (use se	eparate sheet if needed)	:	

Date: _

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

Tenant Signature: