



515 SOUTH LIBERTY • P.O BOX 1019 • INDEPENDENCE, MISSOURI 64051-0519
Health Department, Environmental Public Health Division, (816) 325-7193
Office hours: 8:00 A.M. to 5:00 P.M, Monday – Friday FAX (816) 325-7074
www.independencemo.org

Landlord/Tenant Complaint Form

In cases other than emergencies, the landlord/tenant should first inform the party in violation (preferably in writing) about the problem. If there is not a response within one week, then a formal complaint using this form should be filed with the Environmental Public Health Division.

Upon receipt of a formal complaint, the Environmental Public Health Division will send a letter to the party allegedly in non-compliance with City Code. This letter will include all violations that you cite in this form. The addressee will have 10 days to correct the alleged violations or respond to the Environmental Public Health Division in writing. At that time the Environmental Public Health Division will contact the complainant to determine whether alleged violations have been corrected. If violations remain, the Code Enforcement Officer will make an appointment to meet the landlord/tenant at the rental unit so that an inspection can be conducted. All violations, regardless of whose responsibility, will be documented. In emergency cases, an inspection will be scheduled as soon as possible.

A correction order will be issued on the date of inspection. This correction order will provide a date/time for an administrative hearing and a compliance date. This notice will be mailed to all parties known to have a legal association with the property. The purpose of the administrative hearing is to determine the existence of code violations upon this property and to provide an opportunity to request an extension for the correction date. In some instances, the inspector may grant an extension of up to two weeks prior to the hearing. No extensions can be granted after the hearing is held. A re-inspection will be scheduled on or shortly after the compliance date. If corrections are not made prior to re-inspection, a municipal court appearance will be scheduled for the responsible party(s).

Most violations are abated either after the initial letter or after the official correction order is sent. However, if the violation has caused hardship or a reduction of service, the landlord/tenant may also seek legal recourse through civil court.

Complainant Information

Name: _____

Address: _____ City, State, Zip: _____

Phone*: _____

*Please provide a phone number at which you can be reached between 8am & 5pm, Monday-Friday

Please check the box that currently reflects your involvement with this property.

- ☐ I am a tenant wishing to file a complaint about my house/apartment.
- ☐ I am the landlord/apartment manager/property manager/owner's representative wishing to file a complaint about a tenant.

Complaint Information

Address of Property in Violation: _____

City, State, Zip Code: _____

Please identify the violations you believe exist, include a brief description and location.

<u>Violation Type</u>	<u>Description and Location of Violation</u>
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical (Stove/refrigerator, etc.)	_____
<input type="checkbox"/> Ventilation	_____
<input type="checkbox"/> Walls/Ceilings/Floor	_____
<input type="checkbox"/> Windows/Doors	_____
<input type="checkbox"/> Exceeding Occupancy Limits	_____
<input type="checkbox"/> Structural Problems (foundation, load bearing walls, ceiling rafters, floor joists, porches, etc.)	_____
<input type="checkbox"/> Roof	_____
<input type="checkbox"/> L/T Guide	<input type="checkbox"/> I did NOT receive a Landlord/Tenant Guide from the Landlord when I moved into this property. _____ (Initial)
<input type="checkbox"/> Other	_____

☐ I believe conditions exist that present an immediate health/safety threat. (These types of conditions will warrant an immediate inspection. Upon inspection, these conditions typically result in Environmental Public Health deeming the premises "Unsafe to Occupy" and ordering the premises to be vacated.)

Information Regarding the Person In Control of the Property

Name _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

This person is the: ☐ **Landlord** ☐ **Tenant**

1. Have you made this person aware of your complaints? ☐ **Yes** ☐ **No**
2. Is there currently an eviction in progress at this property? ☐ **Yes** ☐ **No**

I certify that the statements given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this complaint as may be necessary to perform an enforcement action. By signing below, I am acknowledging that I am the property owner, property manager, landlord, or tenant and that I am granting permission for an interior inspection of the property. I understand that all violations observed during the inspection must be corrected. I also understand that all parties involved may have violations for which they are responsible. Finally, I understand that once an inspection is conducted and violations are found a re-inspection must be conducted by Environmental Public Health.

Signature: _____ **Date:** _____