



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911

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Email: DATCPHotline@wisconsin.gov Website: datcp.wi.gov

LANDLORD/TENANT

Wisconsin Admin. Code ch. ATCP 134 contains administrative rules applicable to residential rental agreements and residential landlord-tenant relations. Those rules were promulgated under authority of Wis. Stat. § 100.20(2). DATCP is responsible for administering and enforcing those laws. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24).

1. HOW DO WE CONTACT YOU?

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME PHONE () -	WORK PHONE () -		EXT.	CELL PHONE () -
Contact me between 8:00 A.M. and 4:00 P.M. at: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL				
ADDRESS STREET		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY

RENTAL PROPERTY ADDRESS

RENTAL ADDRESS STREET		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY

2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

NAME OF LANDLORD OR PROPERTY OWNER		NAME OF PROPERTY MANAGER OR MANAGEMENT COMPANY, IF ANY		
ADDRESS STREET		SUITE #		PO BOX
CITY		STATE	ZIP	COUNTY
PHONE () -	NAME OF PERSON YOU TALKED TO		TITLE	
BUSINESS EMAIL		BUSINESS WEBSITE		

INFORMATION ABOUT YOUR COMPLAINT

3. Which of the following best describes your first contact with the business? (Check one)

- ☐ Internet ☐ I responded to a printed advertisement ☐ I telephoned the business
☐ Email ☐ Business sent me information in the mail
☐ I responded to a radio or TV ad ☐ I went to the business

4. How old is the person who had contact with the business? Age (Check one) ☐ 0-17 ☐ 18-61 ☐ 62 or older

5. Did you sign a written rental agreement or lease? (Check one) ☐ No ☐ Yes If yes, date signed:

6. Were you given a copy of the agreement or lease? (Check one) ☐ No ☐ Yes If yes, when? (attach a copy)

7. Date lease began: Ended: Date you moved in: Moved out:

8. Did you receive a check-in list? (Check one) ☐ No ☐ Yes Check-out list? (Check one) ☐ No ☐ Yes If yes, please attach copy.

9. Before you agreed to rent, were you promised repairs? (Check one) ☐ No ☐ Yes

Were the promises to make repairs put in writing? (Check one) ☐ No ☐ Yes If yes, please attach copy.

Were the repairs completed? (Check one) ☐ No ☐ Yes Were the repairs completed by specified date? (Check one) ☐ No ☐ Yes

10. Has a building inspector ordered the landlord to make repairs? (Check one) ☐ No ☐ Yes

If yes, when? What repairs? Name of inspector:

11. Did you notify the landlord you planned to move? (Check one) ☐ No ☐ Yes If yes, date:

12. How did you notify the landlord you planned to move? (Check one) ☐ Written notice (attach a copy) ☐ By phone ☐ In person

13. Security deposit: Paid \$	Date paid:	Amount returned: \$	Amount withheld: \$
14. Did you get a written statement accounting for the amounts withheld from your security deposit? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, (attach a copy) Date you received it:		If mailed, date it was postmarked:	
15. Did the landlord or an employee enter without giving a 12-hour notice? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date:			
16. Have you received a written eviction notice? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, (attach a copy)			
Date of eviction:	Reason:		
17. Describe your complaint in detail. (Please include a copy of any related papers; rental agreement, proof of payment, written statements, check-in/check-out lists, repair/inspection reports, eviction notice, etc.)			

18. How do you feel your complaint should be resolved? (Please be specific)

How did you hear about us/find us? ☐ Presentation ☐ Newspaper/Radio/TV ☐ Referral (BBB, Legal Action, etc) ☐ Internet ☐ Other

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.

In compliance with *Wis. Stat. § 15.04(1)(m)*, the following notice is provided: This form is authorized by *Wis. Stat. § 93.07(2)*. Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, *Wis. Stat. §§ 19.31 to 19.37*, and therefore might be released in response to a public records request. In responding to a public records request, the Department will maintain the confidentiality of personally identifiable information provided in this form to the extent permitted by law.

All information that I have provided in this form is true and accurate to the best of my knowledge.

YOUR SIGNATURE

PRINT NAME

DATE

Please attach all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

MAIL this form and copies of your papers to: OR **EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:**

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