



Department of Agriculture, Trade and Consumer Protection

Landlord/Tenant

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.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) (circle one) _____ (first) _____ (middle) _____ (last) _____

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Rental property address: _____ Apt.# _____ Apartment/Building Name: _____

Rental property 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: _____ Ste.# _____ 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 Person from business came to my home I went to the business
Email Person from business called me I telephoned the business
I responded to a radio or TV ad Business sent me information in the mail
I responded to a printed advertisement I attended a convention or trade show

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

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

6. Were you given a copy of the agreement or lease? (circle one) No Yes If yes, when: _____ (Enclose a copy.)

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

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

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

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

Were the repairs completed? (circle one) No Yes Were the repairs completed by specified date: (circle one) No Yes

10. Has a building inspector ordered the landlord to make repairs? (circle one) No Yes If yes, date? _____

What repairs? _____ Name of inspector: _____

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

12. How did you notify the landlord you planned to move? (circle 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? *(circle one)* No Yes

If yes, please 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? *(circle one)* No Yes If yes, date? _____

16. Have you received a written eviction notice? *(circle one)* No Yes If yes, please 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)* _____

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. Under Wisconsin's Open Records Law, Wis. Stat. § 19.31, this complaint will be available for public review upon request. The department will maintain the confidentiality of personally identifiable information to the extent permitted by law.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form and copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

EMAIL: DATCPHotline@wi.gov
WEBSITE: datcp.wi.gov

(800) 422-7128
FAX: (608) 224-4677
TDD: (608) 224-5058