Department of Agriculture, Trade and Consumer Protection

Landlord/Tenant

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: lease documents, invoices, receipts, contracts, cancelled checks, advertisements, telephone bills.

1. How do we contact you?

Name: (Mr.  Mrs.  Miss  Ms.)

(circle one) (first)  (middle)  (last)

Phone: Home ( ) _______________ Work ( ) _______________ ext. ___  Cell ( ) _______________

Phone 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 manager: _________________________________

Name of rental management company, if any: ___________________________

Name of property owner, if known: ____________________________________

Address: __________________________________________________________

City: ___________________________________________  Ste.#: _______  PO Box: __________________

State: _______  Zip: _______________  County: _______________

Phone: ( ) _______________ you talked to: ____________________________  Title: __________________________

Information about your complaint

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

( ) Business sent me information by mail  ( ) I responded to a posted advertisement  ( ) Internet

( ) I went to the business/rental unit  ( ) I responded to a printed advertisement  ( ) Email

( ) I telephoned the business  ( ) I responded to a radio or TV ad

4. Did you sign a written rental agreement or lease? (circle one)  No  Yes

5. Were you provided a copy of agreement or lease? (circle one)  No  Yes  If yes, please attach a copy.

6. How old is the person who entered into the agreement?  Age: (circle one)  0-17  18-61  62 or older

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  Date: ______________

What repairs? ___________________________________________  Name of building inspector? __________________________

11. Did you notify the landlord you planned to move? (circle one)  No  Yes  Date: ______________

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


IMPORTANT: More questions on the back page (over)
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 two copies of any related papers; rental agreement, proof of payment, written statements, check-in/check-out lists, repair/inspection reports, eviction notice, etc.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
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18. How do you feel your complaint should be resolved? (please be specific) ____________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

This complaint and the information you provide will be used in efforts to resolve your 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, this complaint will be available for public review upon request, after this department's action is completed.

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

Your signature: __________________________________________ Date: ______________

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov
(608) 224-4976
FAX: (608) 224-4939
TDD: (608) 224-5058
WEBSITE: www.datcp.state.wi.us