

**City of Benton Harbor Inspection Department**

200 Wall Street

Benton Harbor, MI 49022

269-927-8418 Fax:269-927-8419

**CITIZEN  
COMPLAINT FORM**

Today's Date: \_\_\_\_\_

**Complainant Information (PLEASE PRINT)**

Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_

Contact Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Address that you are filing a complaint about \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Telephone \_\_\_\_\_

Who is your complaint against? \_\_\_\_\_

Have you spoken to him/her?  Yes  No

If this is a possible criminal complaint, have you contacted the police?  Yes  No

If No, explain why you did not contact the police department on the back.

**On the back of this form explain your complaint in detail.**

**ACKNOWLEDGEMENT:** By signing this complaint form you hereby acknowledge that the information submitted above is true and accurate to the best of your knowledge.

**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other resources:** Legal Aid, 1-888-783-8190; Emergency Shelter,925-1131; Fair Housing Center 1-866-637-0733