

DEPARTMENT OF NEIGHBORHOOD ASSISTANCE COMPLAINT FORM

Date: ____ / ____ / ____

(Please Print Legibly)

ADDRESS OF COMPLAINT: _____

Tenant's Name: _____ Phone # _____

Owner's Name & Address: _____ Phone # _____

My Complaint Is:

NOTE: Personal information on this form is optional. If you provide this information, it may be given out per the provisions of Ohio Revised Code 149.43. If you choose not to provide this information, you must sign "Anonymous". If signing Anonymous, please do NOT put an address & phone number below.

Signature _____

Address _____

Phone # _____

Return To: Department of
Neighborhood Assistance
166 S. High St., 8th Floor
Akron, OH 44308
Phone: (330) 375-2366
Fax 330-375-2328

DO NOT WRITE BELOW THIS LINE - DO NOT WRITE ON OTHER SIDE OF THIS PAPER

FOR OFFICE USE ONLY

New Complaint

Active Complaint

OWNER # _____

OWNER # _____

SANITARIAN _____

SANITARIAN _____

DATE ____ / ____ / ____

DATE ____ / ____ / ____

PROGRAM _____ (W) _____

PROGRAM _____

PARCEL # _____