



**City of Cleveland
Department of Building & Housing**

COMPLAINT FORM

DATE:

PROPERTY ADDRESS:

WARD:

CENSUS TRACT:

DISTRICT:

OCCUPANCY TYPE

RESIDENTIAL

MULTI

COMMERCIAL

MIXED USE

OTHER :

NATURE OF COMPLAINT

Work being done without a permit

Gutters / Downspout

Roof/Chimney

Complete Interior/Exterior Inspection

Garage

Porch/Stairs

Grass/ Weeds

O.V.V

No Heat

Plumbing (No Water)

Zoning Violations

Peeling Paint

Illegal Operation

Electrical

Unlicensed Car

Debris

Infestation

No Smoke Detector

Other

Please provide additional information below:

Complainant Information

Name:

Address:

City/State:

Zip:

Phone:

Cell Phone:

Alternate Phone:

Preparer: