



macomb  
illinois

*Small-town living. Community driven.*

# Complaint Inspection Form

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Manager: \_\_\_\_\_

Tenant(s) on Lease: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Move in date: \_\_\_\_\_ Currently occupying property? Yes No

Date issues started (approx.): \_\_\_\_\_ Landlord/manager contacted? Yes No

Date of contact: \_\_\_\_\_ How was contact made? \_\_\_\_\_

What is your availability for an inspection? \_\_\_\_\_

Inspector's notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For office use only:**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Inspection scheduled: \_\_\_\_\_ @ \_\_\_\_\_ a.m./p.m. Landlord/Manager contacted? Yes No

Date of Contact: \_\_\_\_\_ How was contact made? \_\_\_\_\_