

CLEAR FORM



Department of Planning & Community & Economic Development

**Building Inspection Division**

Madison Municipal Building, Suite 017  
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P.O. Box 2984

Madison, WI 53701-2984

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[cityofmadison.com](http://cityofmadison.com)

## RETALIATION COMPLAINT INTAKE FORM

Date:

### TENANT (“COMPLAINANT”) CONTACT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

Telephone:

Email Address:

Primary or preferred language: **English**

### HOUSING PROVIDER OR PROPERTY OWNER (“RESPONDENT”) CONTACT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email Address:

### RETALIATION PROTECTION

Madison General Ordinance Sec. 32.04(8)(b) forbids housing providers from retaliating against a tenant that complains of violations related to MGO chapters:

- 7 (public health code)
- 18 (plumbing code)
- 19 (electrical code)
- 27 (minimum housing and property maintenance code)
- 28 (zoning code)
- 29 (building code)
- 30 (heating, ventilating, and air conditioning)
- 32 (tenant rights), and/or complying with rent abatement.

1. What did you complain about?

- Public health violation(s)
- Plumbing code violation(s)
- Electrical code violation(s)
- Minimum housing and property maintenance
- Zoning code violations(s)
- Building code violation(s)
- Heating, ventilating, and air conditioning code violations
- Tenant right violations(s)
- Applying for, or receipt of, rent abatement
- Other:

2. Date of complaint:

3. How and when did the housing provider find out about the complaint?

4. Brief summary of the complaint:

**ALLEGATIONS**

5. What negative action have you endured from the housing provider? These actions must have taken place after your complaint.

6. On what date did the negative action(s) occur? (best guess is ok):

7. What makes you think these actions took place because of your complaint?

**REFERRAL**

8. Do you want the Department of Civil rights to look into these allegations of retaliation?

Yes

No

If not, why?

9. Optional: accommodation needs, helpful information, etc.

By signing below, I certify all information is true and correct to the best of my knowledge.

Submit the form for processing by clicking on the “send” button above, or sending via email to:

**Building Inspection Division**  
**Email** [binspection@cityofmadison.com](mailto:binspection@cityofmadison.com)  
**Tel** (608) 266-4551  
**Web** [www.cityofmadison.com/bi](http://www.cityofmadison.com/bi)

For BI use	
Date Received:	
Reviewer Name	

For DCR use	
Date Received:	
Complaint No:	