



Department of Planning & Community & Economic Development

Building Inspection Division

Madison Municipal Building, Suite 017

215 Martin Luther King, Jr. Blvd.

P.O. Box 2984

Madison, WI 53701-2984

Phone: (608) 266-4551 | Fax: (608) 266-6377

cityofmadison.com

RETALIATION COMPLAINT INTAKE FORM

If you need more space for your responses, please feel free to attach another sheet. On the sheet, label which question your response is referring to.

Date:

TENANT (“COMPLAINANT”) CONTACT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

Telephone:

Email Address:

Primary or preferred language:

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 by sending via email to:

Building Inspection Division
Email binspection@cityofmadison.com
Tel (608) 266-4551
Web www.cityofmadison.com/bi

Otherwise, you can return the form by mail to:

Building Inspection Division
Madison Municipal Building, Suite 017
215 Martin Luther King, Jr. Blvd.
P.O. Box 2984
Madison, WI 53701-2984

For BI use	
Date Received:	
Reviewer Name	

For DCR use	
Date Received:	
Complaint No:	