



**CITY OF BIG RAPIDS
NEIGHBORHOOD SERVICES**

PROPERTY MAINTENANCE COMPLAINT

Person Making Complaint: _____ **Date:** _____

Phone Number: _____ **Time:** _____

Address of Complaint: _____ **Unit/Apt #:** _____

Nature of Complaint: _____

Landlord or Manager of Property: _____

Date Contacted and Comments: _____

Immediate Health or Safety Hazard? Yes _____ No _____

Corrective Action Required: _____

Correction Complied With: _____

(Date)

Comments: _____

Person Inspecting Unit: _____