

CEDAR FALLS FIRE RESCUE  
RENTAL HOUSING INSPECTION BUREAU  
4600 South Main Street Cedar Falls, Iowa 50613  
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## RENTAL COMPLAINT FORM

*TENANT (Complete this part)*

DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RENTAL ADDRESS: \_\_\_\_\_

Code sections that reference complaint below. Chapter 11 section \_\_\_\_\_

COMPLAINT:

(Continue on back of form if needed)

***OWNER OR MANAGER (For office use only)***

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_