



City of Jackson
80 West Ashley Street
Jackson, MN 56143
Phone (507) 847-4410
Fax (507) 847-5586

Complaint Form
(Residential Rental Properties)

Date: _____ License # _____ **Complaint ID # (Staff)** _____

Complainant Information

Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Violation Information (complete as much as possible)

Alleged Violator: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Date of Violation: _____

[] I have attached a copy of my written complaint that was sent to the violator on: _____

Details of Violation (attach pages as needed): _____

By signing, I certify that the above and any attached information as true and correct. I understand that if my complaint is found invalid, I may be assessed an inspection fee.

Signature

Date