COMPLAINTS

To file a complaint against a negligent landlord or property owner, please fill out the attached Complaint Form and return it by email, fax, regular mail, or deliver it in person to:

City of Hazleton
ATTN: CODE ENFORCEMENT OFFICE
40 North Church Street, 1st Floor
Hazleton, PA 18201
(570) 459-4925
Fax: (570) 459-2641
dmetz@hazletoncity.org

Additional Complaint Forms are available at the Code Enforcement Office in City Hall, or by visiting the City’s website at http://www.hazletoncity.org/Departments/code-enforcement.html.
**COMPLAINT FORM**

<table>
<thead>
<tr>
<th>Name of Complainant:</th>
<th>Complainant’s Address &amp; Phone Number:</th>
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<tbody>
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<tr>
<td><strong>Name of Landlord or Property Owner:</strong></td>
<td><strong>Landlord or Property Owner’s Address &amp; Phone Number:</strong></td>
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Please explain the nature of your complaint *use the back of this form, if necessary*:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Have you attempted to contact the landlord or property owner about your complaint?  □ YES  □ NO

If yes, by what method(s) did you attempt to contact the landlord or property owner?

- □ Personal Contact  Date:__________________________
- □ Telephone Call  Date:__________________________
- □ Letter (please attach a copy)  Date:__________________________
- □ Email (please attach a copy)  Date:__________________________

**FALSE REPORTS TO AUTHORITIES:** By signing and submitting this report to the Hazleton City Code Enforcement and Health Departments, I verify that the facts set forth herein are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code of Pennsylvania (18 Pa.C.S. §4904) relating to unsworn falsification to authorities.

Date:__________________________  ________________________________  *(Signature of Complainant)*