

EHC Mold Complaint Evaluation Form

Environmental Health Consortium – Cudahy, St Francis & South Milwaukee

Name and contact information must be provided for both complainant and landlord/manager.

Name of Complainant		Name of Landlord/Manager	
Phone Number		Phone Number	
E-mail		E-mail	
Address of Residence			
Briefly describe the complaint <i>If more space is required, please attach additional page(s)</i>			

Directions: For each question below, check the box for “Yes” or “No” and add comments where requested. Answer each question honestly and completely to ensure that your case is properly evaluated by EHC staff members. After receiving the complaint, the EHC will contact you with further information.

	YES	NO
Can you visually see mold growing on the surfaces of your residence? If YES, please describe (include photos showing rooms affected, colors and size of mold patches):	<input type="checkbox"/>	<input type="checkbox"/>
Have you attempted to clean the mold yourself and/or contacted a Mold Remediation Contractor to investigate your problem? If YES, please describe your attempts:	<input type="checkbox"/>	<input type="checkbox"/>
Have you contacted the landlord/manager regarding the possible mold? If YES, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in the residence have asthma or suffer from an immune deficient condition? If YES, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Are any children under the age of 5 living in the residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently renting/living in the residence in question?	<input type="checkbox"/>	<input type="checkbox"/>
Are there outstanding issues with the landlord/manager of the residence? (e.g. unfair treatment, eviction notices, behind on rent, etc.) If YES, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Has there been severe flooding in the residence at any time in the past four years?	<input type="checkbox"/>	<input type="checkbox"/>

Please sign and date below. EHC will not review this form unless signed and dated. By signing this document you are acknowledging that you have answered all questions honestly and to the best of your knowledge.

Mail or fax completed form to:

Environmental Health Consortium, 2424 15th Avenue, South Milwaukee, WI 53172 • Fax: 414-768-5720

Signature

Date