



SCEHC Mold Complaint Evaluation Form

Start by filling out the complainant contact and Landlord/Property Management contact section with the correct information.

Name of Complainant		Name of Landlord/Manager	
Phone Number		Phone Number	
E-Mail		E-Mail	
Address of Residence			

Directions: Completely fill out the table below with check marks in either the “Yes” or “No” columns and any comment you deem relevant. Please answer each question honestly to ensure that your case be properly evaluated by the SCEHC staff members. Each question is designed to determine the severity of the mold situation in the home, business, or facility. After receiving the complaint the SCEHC will contact you with further information and consultation.

	YES	NO
Can you visually see mold growing on the surfaces of your home? If YES, where is it and what does it look like?		
Have you attempted to clean the mold yourself or contacted a Mold Remediation Contractor to investigate your problem? If YES, what have you done?		
Do you or anybody in the residence have asthma or suffer from an immune deficient condition? If YES, please describe:		
Have you been seeing by a physician in the last month due to respiratory issues related to mold? If YES, please describe:		

Do you have any children under the age of 5 years old living in the residence?		
Are you currently renting the residence that is in question of the mold contamination?		
Are there any outstanding problems with your current landlord? (i.e. Unfair treatment, Eviction Notices, behind on rent, ect.) If YES, please describe:		
Has there been severe flooding in your home over the past 4 years?		

Extra Comments:

To have this evaluation reviewed by the South Central Environmental Health Consortium you must sign and date the line below. By signing this document you are acknowledging that you have answered all questions honestly and to the best of your knowledge.

Send this completed form into the SCEHC by mail using the following mailing address.

SCEHC
505 Broadway Blvd., Room 372
Baraboo, WI, 53913

X

Complainant Signature and Date

