



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Healthy Homes and Lead Poisoning Prevention

Hip/Complaint Form

Does not

Emergency Renovation _____

Lead Abatement _____

Certified Lead Free _____

Bedroom Dwelling _____

Elderly/Disabled Housing _____

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Complainant Name and Address*: _____

Address Where Alleged Violation Occurred: _____

Date(s) Alleged Violation occurred _____

What is the alleged violation or issue being reported _____

Name & Address of Person(s)

Performing Work:

Phone Number: _____

Email address: _____

Name & Address of Employer/Company

of Alleged Violator (General or Sub Contractor):

Phone Number: _____

Email address: _____

Background Questions:

Did the renovation/remodeling work involve pre-1978 housing? (Y/ N/ Unknown)

Did the renovation/remodeling work involve a pre-1978 child occupied facility? (Y/ N/ Unknown)

Did the renovator/remodeler receive any form of compensation for the work? (Y/ N/ Unknown)

Did the renovator/remodeler disturb more than 6 square feet of a painted surface per room on the interior or 20 square feet of a painted surface on the exterior? (Y/ N/ Unknown)

Is the firm doing the renovation State of DE or EPA Renovation, Repair and Painting certified? (Y/ N/ Unknown)

Is the individual doing the renovation State of DE or EPA Renovation, Repair and Painting certified? (Y/ N/ Unknown)