

## TENANT COMPLAINT FORM

**Address of Complaint:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

Tenant(s) Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Telephone Number: \_\_\_\_\_

Does the landlord live in this same dwelling?

☐ Yes

☐ No

Do you have a written or oral lease?

☐ Written

☐ Oral

Do you have an annual or monthly lease?

☐ Annual

☐ Monthly

Are you still living in the unit?

☐ Yes

☐ No

Is your lease still in effect?

☐ Yes

☐ No

Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_

If no longer residing in unit, when did you vacate unit? \_\_\_\_\_

What is/was the current monthly rent? \_\_\_\_\_

What utilities (if any) are the tenants responsible for? ☐ Heat ☐ Gas ☐ Electric ☐ Water

**In the space provided below, please describe the complaint regarding your unit:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_