TOWN OF BLOOMFIELD – FAIR RENT COMMISSION
TENANT COMPLAINT FORM

Case No. ____________________  Date Filed: ________________

Tenant Name(s): _____________________________________________

Address: ___________________________________________________________________________________________________

Telephone: ( ) __________________________ or ( ) __________________________

E-Mail: __________________________________________________________

Landlord Name: _________________________________________________

Property Manager/Contact: _________________________________________

Address: ___________________________________________________________________________________________________

Telephone: ( ) __________________________ E-Mail: __________________________

___________________________________________________

DESCRIPTON OF RESIDENTIAL UNIT

Specify type of residential unit (e.g., house, studio, apartment complex, etc.) __________________________

Number of bedrooms _________

Number of bathrooms _________ (shared or unshared)

Number of total rooms _________

Indicated all of the following that is included in your rent payment:

_____ Attic and/or Cellar Storage  _____ Hot water  _____ Electricity

_____ Heat  _____ Stove  _____ Air Conditioning

_____ Cable  _____ Dryer  _____ Garbage Disposal

_____ Refrigerator  _____ Snow removal  _____ Washing Machine

_____ Dishwasher  _____ Pool  _____ Security System/Guard

_____ Lawn maintenance  _____ Garage  _____ Gym/Fitness Room

_____ Tennis Court  _____ Off Street Parking  _____ Other (please specify below)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Is the unit furnished? _____ Yes _____ No
If “Yes”, please indicate below type of furnishings.

RENTAL TERMS

1. Do you have a written agreement or lease with your landlord? _____ Yes _____ No
   If “Yes”, please specify term _____ Weekly _____ Monthly _____Yearly _____ Other_____
   If “Yes”, please provide a copy of the lease with this complaint

2. Have you signed a new lease agreement? _____ Yes _____ No
   If “Yes”, please provide a copy of the lease with this complaint
   If “No”, please provide a copy of the current/old lease with this complaint

3. Have you consulted with an Attorney about this complaint? _____ Yes _____ No
   If “Yes”, please provide:
   Attorney Name/Organization: __________________________________________________________
   Phone No. ______________________________ E-Mail: ______________________________

4. How long have you resided at this unit? _____________________________________________

5. How many people currently occupy this unit with you? ________________________________

6. Are you up-to-date with your rent payment? _____ Yes _____ No
   If “No”, please explain:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

NATURE OF COMPLAINT

Please state the reason for filing this complaint. _____ Rent Increase – Please complete Sections I and III
_____ Rental Unit Conditions – Please complete Sections II and III
_____ Other – Please complete Section III

(Based upon your response to the above question, please complete all applicable sections)

Section I: Rent Increase

What was your rent prior to filing complaint $____________________________
What is the rental increase amount? $____________________________
What is the effective date of increase? ________________________________
How much was your last rent increase? (From) $__________________ (To) $______________________

When did this increase take effect? __________________________________________________________________________

Have you discussed the increase in rent with your landlord? ______ Yes ______ No
If “Yes”, when? _____________________ (date)

______ Written Complaint or ______ Oral Complaint

What was your landlord’s response?
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Section II - Rental Unit Conditions

1. Do you believe your landlord has maintained the rental unit in accordance with the agreement/lease that was signed? ______ Yes ______ No

2. Are there conditions within the unit that you consider unhealthy or unsafe? ______ Yes ______ No
   If “Yes”, please explain:
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

3. Have you brought any of these matters to your landlord’s attention? ______ Yes ______ No
   If “Yes”, when _____________________________ (date)

   ____ Written complaint or ____ Oral Complaint

Section III

In the space provided below, explain why you believe the increase in rent described in Section I is excessive; why your landlord’s response to your property maintenance, health and/or concerns described in Section II is inadequate; or what other complaint you wish to make that is within the Fair Rent Commission’s jurisdiction.

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NOTICE TO COMPLAINANT

A copy of this complaint will be returned to you for your records. A copy of this complaint will be forwarded to your landlord for his/her response. In addition, please attach all documents and correspondence that is related to this complaint that you are filing with the Fair Rent Commission.

I affirm under the penalties provided by the law that the information I have provided is true to the best of my knowledge.

________________________________________
Signature Date

____ I will require special accommodations at meetings and public hearing.

Please explain:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

PLEASE MAIL OR BRING YOUR COMPLETED APPLICATION TO:

TOWN OF BLOOMFIELD
FAIR RENT COMMISSION
C/o TOWN MANAGER'S OFFICE
800 BLOOMFIELD AVENUE
BLOOMFIELD, CT 06002

If you have any questions, please contact the Town Manager's Office at (860) 769-3504.