



80 Bloomfield Avenue • Caldwell, NJ 07006 • 973-226-6100 • Fax 973-403-1355

TENANT COMPLAINT

Rent Review Board Secretary: (973) - 403- 4638

Name of Complainant: _____ Phone: _____

Address: _____ Apartment #: _____

Email Address: _____

Complaint: (a) Increased Rent Amount: \$ _____

(b) Capital Improvement Surcharge..... Amount: \$ _____

(c) Failure to Maintain Existing ServicesAmount: \$ _____

Have you signed or co-signed a lease? Yes _____ No _____

*Please submit a copy of the lease agreement with this complaint form. *

Length of Present Lease: _____ Length of Proposed Lease: _____

Name of Tenant: _____

Name of Tenant on Proposed Lease: _____

Name of Landlord: _____

Address of Landlord: _____

Type of Apartment Building: High Rise: _____ Garden: _____ Other: _____

Monthly Rent: _____ Present Lease: _____ Proposed Lease: _____

Rent Paid for Each Month Last Year: _____

Date of Occupancy: _____ What Rent, If Any, Do You Pay for Parking: _____

Date When Notified of Increase: _____

Details of Complaint:

I hereby certify that I am the complainant named above and that the statements made in this complaint are true.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

SIGNED: _____

Date: _____

Witnessed By: _____

Date: _____

(Signature of Witness only required when the form is not delivered personally by complainant)