



TOWN OF HAMDEN FAIR RENT COMMISSION
TENANT COMPLAINT FORM
CASE # _____ .

TENANT NAME: _____

ADDRESS: _____

TELEPHONE: () _____ (day) () _____ (evening)

EMAIL _____

LANDLORD NAME: _____

ADDRESS: _____

TELEPHONE: () _____ (day) () _____ (evening)

DESCRIPTION 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)

NOTICE TO COMPLAINANT

When a complaint is filed, the Town will first encourage the parties to the complaint to discuss their differences, in an attempt to reach a mutually satisfactory resolution. If no agreement is reached in private session and the tenant wishes to continue the complaint, the Commission will request the Fair Rent Officer of the Town to negotiate the matter with the parties. If this is not successful, the Fair Rent Officer may then schedule an informal meeting with the tenant, landlord and a member of the Commission, in another attempt at resolving the complaint. If a written agreement between the parties cannot be reached in this informal meeting, then a formal hearing of the complaint will be scheduled by the Commission.

A copy of this complaint will be returned to you for your records. A copy of the complaint will be forwarded to your landlord for his/her response. You may provide any additional relevant information with this complaint form.

I affirm under the penalties provided by 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:

**FAIR RENT COMMISSION
C/O OFFICE OF HOUSING AND NEIGHBORHOOD DEVELOPMENT
KEEFE COMMUNITY CENTER
11 PINE STREET
HAMDEN, CT 06514**