

BOROUGH OF CALDWELL
1 Provost Square, Caldwell, New Jersey 07006
973-403-4638

TENANT COMPLAINT FORM

Name of Complainant: _____

Address: _____ Apartment # _____

Phone: day _____ cell _____

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

Number of Units in Building _____

Names on Lease _____ **ATTACH present and proposed LEASE, if any**

Date of initial occupancy: _____

Your present monthly rent: _____ Any additional charges you pay:
_____ Date of last rent increase: _____

Name and address of Landlord/ Managing Agent: _____

Basis for Complaint: **Check appropriate box ATTACH ANY DOCUMENTATION**

() Rent Increase: present rent _____ increase requested _____

() Other increase in rent : Set forth basis and increase requested _____

() Surcharge: such as Capital Improvement, Tax, and Hardship:
Set forth basis and increase requested _____

() Failure to Maintain Property or Reduction in Services
Set forth reduction in maintenance or services _____

() Other: Detail _____

Set forth any additional remarks:

I hereby certify that I am the complainant. The statements made in this complaint are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____

(Note: Signature of Witness ONLY required when form is not delivered personally by Complainant)