



**TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD**

**1 Municipal Plaza, Room 105  
Bloomfield, New Jersey 07003**

**Phone: 973-680-4192**

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**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 \_\_\_\_\_