



# THE CITY OF NEW BRUNSWICK OFFICE OF RENT CONTROL

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## TENANT COMPLAINT FORM

Date: \_\_\_\_\_

File #: \_\_\_\_\_  
(Office Use only)

Tenant(s) Name: \_\_\_\_\_

Address of Complaint: \_\_\_\_\_ Unit: \_\_\_\_\_

Current Residing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Telephone Number: \_\_\_\_\_

*Please inform our office of any change in contact information immediately in order to contact you.*

*Please fill in the blank spaces and mark the appropriate boxes*

- Does the landlord live in this same dwelling?  Yes  No
- Do you have a written or oral lease?  Written  Oral
- Do you have a month to month lease?  Yes  No
- Are you still living in the unit?  Yes  No
- Is your lease still in effect?  Yes  No

How long have/did you live in unit? \_\_\_\_\_

When was the start date of you lease? \_\_\_\_\_

When is (was) the lease expired? \_\_\_\_\_

What is (was) the current monthly rent? \_\_\_\_\_

What is the "proposed" new rent? \_\_\_\_\_

Did you receive written notice at least 30 days prior to increase?  Yes  No

According to your lease, what utilities (if any) are the tenants responsible for?

- Water & Sewer
- Heat
- Gas
- Electric

*Please complete the front and back of this complaint form*

