



**TOWN OF ROCKY HILL
FAIR RENT COMMISSION
RENTAL COMPLAINT FORM**

(Revised: 3/22/2023)

OFFICE USE ONLY
CASE NO. _____
Date Filed: _____

After completing this form, please submit it to the Rocky Hill Human, Youth and Senior Services Department. You can print it and deliver the form to our office at Town Hall, 761 Old Main Street, Rocky Hill. You can also email the completed PDF to HumanServices@rockyhillct.gov

TENANT INFORMATION

Last Name First Name MI Email

Street Address City State Zip Code

(DAY) _____ (EVENING) _____
Phone Number

Occupation Family Earned Income _____ Month / Year

LANDLORD INFORMATION

Last Name First Name MI Email

Street Address City State Zip Code

(DAY) _____ (EVENING) _____
Phone Number

DESCRIPTION OF RESIDENTIAL UNIT

Specify type of residential unit (e.g., single family house, studio, apartment complex, etc.)

Number of Bedrooms _____ Number of Bathrooms _____

Number of total rooms _____ Total Square Feet _____

of Adults in Household _____ # of Children in Household _____

Are there pets in the household? Yes No

If Yes, please explain: _____

Please indicate all of the following that is included in your rent payment:

- | | | |
|-------------------------|-----------------------|-------------------------|
| Heat | Hot water | Electricity |
| Cable | Air Conditioning | Attics and/or Cellar |
| Stove / Oven | Dryer | Storage Patio / Balcony |
| Refrigerator | Washing Machine | Snow Removal |
| Microwave | Garbage Disposal | Pool |
| Dishwasher | Lawn Maintenance | Tennis Court |
| Garage/ Covered Parking | Security System/Guard | Gym/Fitness Facility |
| Off Street Parking | | |

Other (please specify):

Cost of other items NOT included in rent (e.g., garage, parking, storage, etc.):

Did the Landlord provide a furnished unit? Yes No

If Yes, please indicate below type of furnishing:

RENTAL TERMS

Do you have a written agreement or lease with your landlord? Yes No

If Yes, please specify term (select one): Weekly Monthly Yearly Other: _____

Dates on lease: [From] _____ [To] _____

If Yes, please provide a copy of the lease with this complaint.

How long have you resided at this unit? _____

What repairs or renovations, if any, have you made to the unit since you have resided there?

When were they made and what did they cost you?

If Yes, please bring proof of the cost of the repairs or renovations to the hearing.

Are you up-to-date with your rent payment? Yes No

If No, please explain:

NATURE OF COMPLAINT

Please state the reason for filing this complaint: Rent Increase Rental Unit Conditions

What was your rent prior to filing complaint? \$ _____

What is the rental increase amount? \$ _____

What is the effective date of increase? [From] _____ [To] _____

How many days, weeks, months' notification were you given of this rental increase?

How much was your last rent increase? \$ _____

When did this increase take effect? _____

Were any additional services provided when your rent was increased? Yes No

 If Yes, please explain: _____

Have you discussed your concern about the increase in rent with your landlord? Yes No

 If Yes, when? _____ Select one: Written complaint Oral complaint

What was your landlord's response?

Do you believe your landlord has maintained the rental unit in accordance with the agreement/lease that was signed? Yes No

Are there conditions within the unit that you consider unhealthy or unsafe? Yes No

 If Yes, please explain:

Does your apartment contain any defects or need repair? Yes No

 If Yes, please explain:

Have you brought the above concerns, defects, or repairs to the landlord's attention? Yes No

 If Yes, when? _____ Check one: Written complaint Oral complaint

 If Yes, please explain:

In the space provided below, explain why you believe the increase in rent is excessive or why your landlord's response to your property maintenance, health and/or concerns is inadequate.

Additional information you wish to share with the Commission:

NOTICE TO COMPLAINANT

When a complaint is filed, the Commission will first encourage the parties involved in the complaint to discuss their differences, in an attempt to reach a mutually satisfactory resolution. If no agreement is reached after fifteen (15) business days in a private session and the tenant wishes to continue the complaint, a formal hearing will be scheduled with the Commission, Tenant, Landlord, and Legal Counsel. A copy of this complaint will be returned to you for your records. A copy of this complaint will be forwarded to your landlord for his/her response. Any information regarding this case is public knowledge and Commission meetings are open to the public. The Town of Rocky Hill must comply with the Freedom of Information Act.

I hereby affirm under the penalty provided by law that the information I have given is true.

Tenant's Signature

Date

(Type your full name if using an electronic signature)

Tenant's Printed Name

Landlords, Please Note: The Rocky Hill Fair Rent Commission has received this complaint regarding a rental increase that your tenant has deemed excessive. This complaint may also include possible defects within the renter's home. Please be advised that the Commission is concerned about this matter and hopes that you can reach a satisfactory resolution with your renter. We are, therefore, requesting that you contact the renter and attempt to resolve this issue within the next fifteen (15) business days. If this matter has not been mutually resolved within this time period, the Commission will further evaluate the case and schedule a formal hearing. We thank you for your immediate consideration and cooperation in this matter.

Rocky Hill Fair Rent Commission

Complaint Received By

Date

Time