



**THE CITY OF NEW BRUNSWICK**  
**OFFICE OF RENT CONTROL**  
**DEPARTMENT OF PLANNING, COMMUNITY &**  
**ECONOMIC DEVELOPMENT**  
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**TENANT COMPLAINT FORM**

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

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

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

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

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*

