



City of West Haven Fair Rent Commission

The Honorable Dorinda A. Borer, Mayor

Steven R. Mullins, Chairman

Complainant / Tenant Complaint Form:

Please fill out the questionnaire and return it to the Mayor's Office. Your complaint will be considered by the Fair Rent Commission.

Last Name

First Name

Middle Initial

Street Address & Apt. #

City *(Must Be A West Haven Address In Order To File A Claim)*

Tenant Email Address

Tenant Preferred Telephone Number

Is this your first time filing a complaint with the Fair Rent Commission?

____ Yes

____ No

Landlord Information:

Landlord Name

Landlord Address

Landlord Email Address

Landlord Telephone Number



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Tenant Legal Counsel and or Representation:

Are you being represented by a tenant union?

☐ Yes ☐ No

Do you have a legal counsel on this matter?

☐ Yes ☐ No

Residential Unit Description:

☐ Single Family ☐ Multi-Family ☐ Studio/Efficiency ☐ Apartment Complex ☐ Room

Please indicate any items below included in your rent payment. (Select all that apply)

☐ Cooking gas ☐ Electricity ☐ Heat ☐ Hot Water ☐ Water/Sewage ☐ Cooling

☐ Stove ☐ Refrigerator ☐ Microwave ☐ Dishwasher ☐ Washer ☐ Dryer ☐ Garage

☐ Off Street Parking ☐ Lawn Maintenance ☐ Snow Removal

Please indicate amenities included in your rent payment.

☐ Laundry Facility ☐ Pool ☐ Tennis/Basketball Court(s) ☐ Fitness Center

☐ Grill/Picnic Area ☐ Business Center (Computer Room) ☐ Community Center



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Is the unit furnished by landlord?

____ Yes ____ No

Number of Bedrooms: ____ Number of Bathrooms: ____ Total Number of Rooms: ____

Rental Terms:

____ Years ____ Months

Are you current on your rental payment?

____ Yes ____ No

Nature of Complaint:

What is the reason for your complaint?

____ Rent Increase ____ Rental Unit Conditions ____ Other

Description of Complaint:

Please explain your complaint as it can be addressed within the jurisdiction of the Fair Rent Commission.
Please feel free to use addition paper, if needed.



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Have you expressed your complaint to your landlord?

☐ Yes ☐ No

If yes, was your complaint made in writing or verbally?

☐ Written (Including E-Mail or Text Message) ☐ Verbally

Did your landlord respond?

☐ Yes ☐ No

If yes, was landlord's respond written or verbal?

☐ Written ☐ Verbal

If yes, please provide a summary of your landlord's respond.

Please feel free to use additional paper, if needed.



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Notice to Complainant:

A copy of this complaint will be returned to you for your records. A copy of the complaint will be forwarded to your landlord for their response.

I swear or affirm under penalties provided by law that the information that I have provided is true to the best of my knowledge.

Signature of Tenant/Complainant

Subscribed and sworn to before me this ____ day of _____ in the year _____.

Notary Public, Justice of the Peace
Commissioner of the Superior Court

Seal



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Dear Complainant / Tenant:

The Purpose of this City of West Haven Fair Rent Commission is to control and eliminate what is determined to be excessive rental charges on residential property within the City. The Commission shall make studies and investigations into complaints about excessive rental charges. It shall also receive such complaints and hold hearings to determine the truth of the accusation(s).

Please inform the Commission if you require any special accommodations at the meetings and public hearings, such as, but not limited to a sign language interpreter or language interpreter.

If you have any additional questions or concerns, please contact the Office of Mayor Dorinda A. Borer at 203-937-3510.

Sincerely,
City of West Haven Fair Rent Commission

Steven R. Mullins
Chairman