



Division of Rent Leveling
CN 914
Morristown, NJ 07963-0914
(973) 292-6709

TENANT COMPLAINT FORM

Date _____

Landlord's Name _____

Address _____

Telephone # _____

Tenant's Name _____

Address _____

Telephone # _____

Rent includes the following:

Heat _____ Electric _____ Gas _____ Parking _____ Garage _____

Date tenancy or lease began _____

Present Rent _____

Nature of Complaint: (Add additional sheets if necessary)
