



**HOUSING DIVISION**  
**DEPARTMENT OF BUILDINGS**  
CITY HALL - ROOM 137  
MERIDEN, CONNECTICUT 06450  
(203) 630-4092

COMPLAINT FORM

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

APARTMENT #: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Owned By: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Have you contacted your landlord about these problems? \_\_\_\_\_

NATURE OF COMPLAINT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
TENANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

(Must be a Notary Public or Housing  
Division Staff)

\*\*\* TO BE FILLED IN BY HOUSING DIVISION STAFF ONLY \*\*\*

\_\_\_\_\_ COMPLAINT JUSTIFIED

\_\_\_\_\_ COMPLAINT NOT JUSTIFIED

DATES	CONDITIONS FOUND
DATES	DISPOSITION OF COMPLAINT

\_\_\_\_\_  
INSPECTOR'S SIGNATURE                      DATE