

Martha Williamsor HOUSING MANAGER

HOUSING DIVISION

DEPARTMENT OF BUILDINGS

CITY HALL - ROOM 137
MERIDEN, CONNECTICUT 06450
630-4092

COMPLAINT FORM

LOCATION:	- -	DATE:
APARTMENT #:	·	
Tenant's Name:	· · · · · · · · · · · · · · · · · · ·	Owned By:
Address:		Address:
	en e	
Telephone:		Telephone:
Have you contacted your landlord about	out these proble	ems?
NATURE OF COMPLAINT		
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TENANT'S SIGNATURE DAT	(M	TNESS DATE Sust be a Notary Public or Housing Division Staff)

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

COMPLAINT JUSTIFIED

COMPLAI	NT NOT JUSTIFIED
DATES	CONDITIONS FOUND
DATES	DISPOSITION OF COMPLAINT
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