



WEST HARTFORD FAIR RENT COMMISSION (FRC) COMPLAINT FORM

Town of West Hartford
Social Services – Room 306
50 South Main Street
West Hartford, CT 06107

Instructions to complainant/tenant: Please, answer all questions applicable to your complaint.

I. GENERAL INFORMATION	
Complainant -Tenant Name(s):	
Address, including unit #:	
Telephone number and e-mail address:	
Length of time in this rental unit:	_____ years, & _____ months?
Type of lease (circle one please):	(A) <u>Oral</u> , month-to-month lease OR (B) <u>Written</u> , one year lease?
Monthly rent:	Current: \$ _____ , Last Year: \$ _____ , Two Years Ago: \$ _____
Amount of monthly rent being proposed by landlord:	\$ _____ Date new lease is scheduled to begin: _____ (month, day and year)
Description of Rental Unit:	# rooms _____ , # bedrooms _____ , # bathrooms _____ , includes: heat, hot water, electricity (Circle all that apply)
Other Fees Required (please explain):	
II. LANDLORD INFORMATION	
Property Owner: _____	
Address: _____ _____	
Telephone number and email address: _____ _____	
Property Manager (if applicable): _____	
Address: _____ _____	
Telephone number and email address: _____ _____	

