



**TOWN OF EAST HARTFORD  
FAIR RENT AND QUALITY  
HOUSING COMMISSION  
RENTAL COMPLAINT FORM**

(Revised: 10/18/2023)

**OFFICE USE ONLY**

CASE NO. \_\_\_\_\_

Date Filed: \_\_\_\_\_

**After completing this form, please submit it to the Town of East Hartford Mayor's Office. You can print it and deliver the form to our office at Town Hall, OR you can also email the completed PDF to [FairRent@easthartfordct.gov](mailto:FairRent@easthartfordct.gov)**

**TENANT INFORMATION**

\_\_\_\_\_  
Last Name First Name MI Email

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
(DAY) (EVENING)  
Phone Number

\_\_\_\_\_  
Occupation Family Earned Income Month / Year

**LANDLORD INFORMATION**

\_\_\_\_\_  
Last Name First Name MI Email

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
(DAY) (EVENING)  
Phone Number

**DESCRIPTION OF RESIDENTIAL UNIT**

Specify type of residential unit (e.g., single family house, studio, apartment complex, etc.)

\_\_\_\_\_  
Number of Bedrooms Number of Bathrooms

\_\_\_\_\_  
Number of total rooms Total Square Feet

\_\_\_\_\_  
# of Adults in Household # of Children in Household

Are there pets in the household? Yes No

If Yes, please explain: \_\_\_\_\_

Please indicate all of the following that is included in your rent payment:

Heat	Hot water	Electricity
Cable	Air Conditioning	Attics and/or Cellar
Stove / Oven	Dryer	Storage Patio / Balcony
Refrigerator	Washing Machine	Snow Removal
Microwave	Garbage Disposal	Pool
Dishwasher	Lawn Maintenance	Tennis Court
Garage/ Covered Parking	Security System/Guard	Gym/Fitness Facility
Off Street Parking		

Other (please specify):

Cost of other items NOT included in rent (e.g., garage, parking, storage, etc.):

Did the Landlord provide a furnished unit?      Yes      No

If Yes, please indicate below type of furnishing:

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### RENTAL TERMS

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Do you have a written agreement or lease with your landlord?      Yes      No

If Yes, please specify term (select one):      Weekly      Monthly      Yearly      Other: \_\_\_\_\_

Dates on lease:      [From] \_\_\_\_\_ [To] \_\_\_\_\_

If Yes, please provide a copy of the lease with this complaint.

How long have you resided at this unit? \_\_\_\_\_

What repairs or renovations, if any, have you made to the unit since you have resided there?

When were they made and what did they cost you?

If Yes, please bring proof of the cost of the repairs or renovations to the hearing.

Are you up-to-date with your rent payment?      Yes      No

If No, please explain:

NATURE OF COMPLAINT	
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Please state the reason for filing this complaint:

## Rent Increase

## Rental Unit Conditions

What was your rent prior to filing complaint?

What is the rental increase amount?

\$

What is the effective date of increase?

[From] [To]

How many days, weeks, months' notification were you given of this rental increase?

How much was your last rent increase?

When did this increase take effect?

Were any additional services provided when your rent was increased?

Yes      No

If Yes, please explain:

Have you discussed your concern about the increase in rent with your landlord?

Yes      No

If Yes, when?

Select one:

### Written complaint

### Oral complaint

What was your landlord's response?

Do you believe your landlord has maintained the rental unit in accordance with the agreement/lease that was signed?      Yes      No

Are there conditions within the unit that you consider unhealthy or unsafe?

Yes      No

If Yes, please explain:

Does your apartment contain any defects or need repair?

Yes      No

If Yes, please explain:

Have you brought the above concerns, defects, or repairs to the landlord's attention?

Yes      No

If Yes, when?

Check one:

Written complaint

### Oral complaint

If Yes, please explain:

In the space provided below, explain why you believe the increase in rent is excessive or why your landlord's response to your property maintenance, health and/or concerns is inadequate.

Additional information you wish to share with the Commission:

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### NOTICE TO COMPLAINANT

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When a complaint is filed, the Commission will first encourage the parties involved in the complaint to discuss their differences, in an attempt to reach a mutually satisfactory resolution. If no agreement is reached and the tenant wishes to continue the complaint, it will remain on the agenda for the scheduled formal hearing of the Commission. A copy of this complaint will be returned to you for your records. A copy of this complaint will be forwarded to your landlord for his/her response. Any information regarding this case is public knowledge and Commission meetings are open to the public. The Town of East Hartford must comply with the Freedom of Information Act.

I hereby affirm under the penalty provided by law that the information I have given is true.

\_\_\_\_\_  
Tenant's Signature

(Type your full name if using an electronic signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's Printed Name

**Landlords, Please Note:** The East Hartford Fair Rent & Quality Housing Commission has received this complaint regarding a rental increase that your tenant has deemed excessive. This complaint may also include possible defects within the renter's home. Please be advised that the Commission is concerned about this matter and hopes that you can reach a satisfactory resolution with your renter. We are, therefore, requesting that you contact the renter and attempt to resolve this issue before the scheduled Commission hearing. If this matter has not been mutually resolved, the Commission will further evaluate the case. We thank you for your immediate consideration and cooperation in this matter.

East Hartford Fair Rent & Quality Housing Commission

\_\_\_\_\_  
Complaint Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time