



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

Martha Williamson
HOUSING MANAGER

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)

