

TOWNSHIP OF LITTLE FALLS  
RENT LEVELING BOARD  
225 Main Street, Little Falls, New Jersey 07424  
973-890-4500

**TENANT COMPLAINT FORM**

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

Landlord's Name: \_\_\_\_\_

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

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_

Rent includes the following:

Heat \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Parking \_\_\_\_\_ Garage \_\_\_\_\_

Date tenancy or lease began: \_\_\_\_\_

Present Rent: \_\_\_\_\_

**Nature of Complaint: Attach additional sheets if necessary:**