



Department of Code Enforcement
Phone: 973-266-5320 Fax: 862-930-3580

COMPLAINT INTAKE FORM

In Person

Via Phone

Rent Control

DATE: _____

COMPLAINANT/TENANT: _____ PHONE: () _____

ADDRESS: _____ APT.#: _____

BLOCK: _____ LOT: _____

SUBJECT PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ WARD: _____

OWNER: _____ PHONE: () _____

ADDRESS: _____

IN COUNTY AGENT: _____ PHONE: () _____

ADDRESS: _____

SUPERINTENDENT: _____ APT.#: _____

PHONE: Office: () _____ Cell: () _____

VIOLATIONS: _____

Have you notified the owner/agent/superintendent of the problem? If YES, WHEN? _____

Has any action been taken to resolve the problem? If YES, WHAT? _____

When will the apartment be available for inspection? Date: _____ Time: _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____ Date: _____

◆ ◆ ◆ ◆ ◆ ◆ ◆ **FOR OFFICE USE ONLY** ◆ ◆ ◆ ◆ ◆ ◆ ◆

Tracking Number _____ Date _____ Initials _____ Date Assigned _____

Interviewer: _____

Inspector (s): _____

Action Taken: _____

Inspector _____ Date: _____ Supervisor: _____ Date: _____