City of Rockville
Housing and Community Development
Housing Division
111 Maryland Avenue • Rockville, MD 20850 • 240-314-8300

OFFICE USE ONLY
Date received: _____
LAT #: _____

Landlord/Tenant Complaint Form

➢ **All information requested must be furnished** ***(please type or print clearly, incomplete or illegible applications will be returned).***

PROPERTY INFORMATION

Please Check One: ❒ Single Family (House/Townhouse/Condo) ❒ Multi-Family (Apartment)

Property Address _____

TENNANT INFORMATION

Tenant Name _____

Tenant Address (If different from above) _____

Daytime Phone: _____ **Evening Phone:** _____ **Email:** _____

OWNER/MANAGING AGENT INFORMATION

Name of Owner/Complex _____

Contact Person Name _____

Address _____

Daytime Phone: _____ **Evening Phone:** _____ **Email:** _____

TYPE OF COMPLAINT

☐ **Security Deposit** ☐ **Lease** ☐ **Notice to Vacate** ☐ **Property Condition** **Other:** _____

Please state specific complaint and what action(s) will resolve your complaint. (Attach additonal pages if necessary):

_____

_____

_____

_____

_____

What action(s) will resolve your complaint? _____

_____

_____

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information, and belief.

Signature _____ **Date** _____

Note: HCD staff may make inquiries and request supporting documentation during investigation and mediation of a filed complaint. If the complainant does not respond to HCD inquiries within 60 days, the complaint will be dismissed.