



City of Havre de Grace
711 Pennington Ave
Havre de Grace MD 21078
410-939-1800

TENANT COMPLAINT FORM

Please Print

Tenant Name: _____

Rental Address: _____

Telephone Number: _____

Property Owners Name: _____

Management Company: _____

Owner Mailing Address: _____

Owner Telephone Number: _____

Do you have a written lease agreement? YES NO

Are your rent payments current? YES NO

Please briefly describe your complaints and your efforts to have the landlord correct them:

Signature of Tenant

Date