



CITY OF BANGOR
Tenant Housing Rights
Complaint Form
Chapter 282 Tenant Housing Rights Ordinance

Name: _____

Physical Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Landlord (or agent) Name: _____ Landlord Phone: _____

Please be sure information is legible.

Alleged Violation (check all that apply):

<input type="checkbox"/>	282-5	Failure to Provide Adequate Notice of Rent Increase
<input type="checkbox"/>	282-6 (a)	Rental Application Fee Charged
<input type="checkbox"/>	282-6 (b)	Screening Fees Incorrectly Charged
<input type="checkbox"/>	282-6 (c)	Current Tenant Charged Screening Fee
<input type="checkbox"/>	282-7	Failure to Provide Plain Language Document
<input type="checkbox"/>	282-8	Waiver by Agreement

Please explain your complaint in as much detail as possible:

ATTACH ALL SUPPORTING DOCUMENTATION.

I certify that the information contained in this complaint form, and its supplement, is true and correct.

Date: _____ Signed: _____

Please note: potential violations related to 282-4 Discrimination in Sale or Rental of Housing Unit should be directed to State of Maine Human Rights Commission at 207-624-6290 or www.maine.gov/mhrc.

OFFICE USE ONLY: Date Received: _____ Date Investigated: _____

Resolution: _____