



**FREE STATE RENTAL HOUSING TRIBUNAL
 FORM FOR LODGING A RENTAL HOUSING COMPLAINT
 RENTAL HOUSING ACT, 1999 (ACT NO. 50 OF 1999)
 (To be completed by Complainant)**

1. NAME OF COMPLAINANT:

2. COMPLAINANT ID NUMBER:

3. PARTICULARS OF LANDLORD/PROPERTY MANAGER

Name of Landlord/Property Manager:

Address of Landlord/Property Manager: *(Current Address for correspondence)*

Telephone: Email:

Contact Person:

4. PARTICULARS OF TENANT:

Name of Tenant:

Address of Tenant: *(Current Address for correspondence)*

Telephone: Email:

5. PARTICULARS OF RENTED PREMISES AND RENTAL AGREEMENT:

1. Was a written Lease Agreement entered into	YES		NO	
2. Do you have a copy? (if so kindly provide a copy)	YES		NO	
3. Rental amount				
4. Deposit amount				
5. Particulars of address of rented premises				



6. PARTICULARS OF COMPLAINT

Nature of Complaint/Dispute			
• Failure to refund deposit (provide proof)		• Unlawful seizure of possessions	
• Notice to vacate		• Failure to furnish receipts for payment	
• Exorbitant increase in rental		• Failure to provide copy of Lease Agreement	
• Failure to accept notice		• Failure to reduce Lease to writing	
• Failure to provide municipal services		• Claim for remission of rental	
• Default on rental/municipal services/other liabilities		• Health matters	
• Lack of maintenance		• Intimidation/Discrimination/Harassment	
• Unlawful eviction/ illegal lockout		• Default on account	
• Unilateral changes to agreement		• Overcrowding	
• Unlawful entry		• Penalty charges	
• Demolitions and conversions		• Selling without notice	
• Breach of contract		• Sub-letting	
• Electricity/Water Consumption		• Unacceptable living conditions	
• Terms of Lease Agreement		• Damage to property	
• Disconnection of services (i.e. water or electricity)		• Other (specify below):	

7. BRIEF DESCRIPTION OF NATURE OF COMPLAINT

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Date:

TELEPHONE: 051-4054965

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