



Office of the City Attorney  
Consumer Protection Unit  
1685 Main Street  
Santa Monica, California 90401  
tel (310) 458-8336 fax (310) 395-6727  
www.smconsumer.org

File No. \_\_\_\_\_

## HOUSING COMPLAINT

**NOTE:** This form is for Santa Monica residents only.

**Before filing this complaint, you must first try to resolve your situation, including writing a demand letter. (Remember to keep a copy.)**

**This complaint form may be sent to the owner or to others to help resolve the claim or to further an investigation or resolution of related matters in the public interest.**

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Best Phone (\_\_\_\_) \_\_\_\_\_ Second Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Occupancy date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_ No. of Occupants \_\_\_\_\_

Rent controlled? yes  no  No. of bedrooms \_\_\_\_\_ No. of Units in Building: \_\_\_\_\_

Rental Agreement: oral  written  (**Copy of written agreement must be attached.**)

Name of Property owner \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Manager name \_\_\_\_\_

**(over)**

**1. Describe the facts of your complaint. Include all dates and the names of people you have contacted. (Attach extra sheets if necessary.)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**2. Attach all relevant documents that support your claim, including:**

- your lease **(required)**
- at least one rent check **(required)**
- all correspondence
- all notices from the owner

The attached documents are identified by my marking them as Exhibits \_\_\_\_ through \_\_\_\_.

**3. What do you consider a fair resolution?** \_\_\_\_\_

---

**4. Other agencies contacted:** \_\_\_\_\_

---

**5. I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.** Signed on \_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
(date) (city) (state)

\_\_\_\_\_  
Your signature **(required)**

**Mail completed form (with all exhibits) to:**

Consumer Protection Unit  
1685 Main Street, Room 310  
Santa Monica, California 90401

## SUPPLEMENTAL COMPLAINT INFORMATION

Please provide names, addresses, phone numbers and emails of any witnesses you may have regarding the complaint:

1. 

---

---

---

---
2. 

---

---

---

---
3. 

---

---

---

---
4. 

---

---

---

---