



# COMPLAINT FORM

## Complainant's Details

Unit

Property Address

Owner

Agent

Tenant

Name

Phone

Email

## Nature of Complaint

Date of Incident

Time of Day

Duration of Noise

Location (including unit numbers involved)

Details of Disturbance

Have you attached proof i.e photos, videos

Yes

No

How does the noise affect your health, comfort and welfare

Has this incident been reported to the police

Yes

No

If yes, please provide Police Report Number

Has there been any damages to property, if so please advise

Please note:

- Your details will be kept confidential.
- If the form is not returned within 14 days, it will be assumed you do not wish to pursue this matter.
- Should this matter be referred to Court/ SAT (State Administrative Tribunal) for prosecution, you may be called as a witness.
- While every effort will be made to resolve your request promptly, the Strata Company will need to determine if the above information is a breach against the strata company by-laws

Signature

Date