COMPLAINT BY OWNER OR OCCUPIER

Details of the person makin	g the complaint:		
Full names:			
Unit number(s) (if applicable):	Section address:		
Scheme name:		Province:	Postcode:
Postal address of complainant (i)	f different from above):		
Which type are you (<i>tick one box</i>)?)		
Types: 1. Unit owner	2.	Unit tenant	
7,6			
3. Other occupier	4.	Managing agent	
or ourse outsigner	···		
Details of the person(s) you	are making the complaint	against [,]	
	are making the complaint Address (include unit number, it		Type No.:
Details of the person(s) you Person(s) name(s):	Address (include unit number, if		Type No.:
	-		Type No.:
Person(s) name(s):	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s): Details of the relevant rule,	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s):	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s): Details of the relevant rule,	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s): Details of the relevant rule, (Identify which provision(s) is/are appo	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s): Details of the relevant rule, (Identify which provision(s) is/are appoint to the provision of the relevant rule, appoint to the rule, ap	Address (include unit number, if	applicable):	Type No.:
Person(s) name(s): Details of the relevant rule, (Identify which provision(s) is/are appo	Address (include unit number, if	applicable):	Type No.:
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(What has been done to try to resolve this complaint? Please	e describe what you have done, who you have spoken to and
what they offered to do.)	
Proposed solution or action:	
(What remedy are you requesting? How do you want the pro	bblem to be solved?)
Declaration and signature of complainant:	
I declare that the above information is true and corr	rect to the best of my knowledge. I agree that the
information in this form may be used or disclosed b	y the body corporate to process and resolve this
complaint.	
Signature:	Date: / /
Signature.	D D / M M / Y Y Y Y
	B B 7 W W 7 1 1 1 1
The complainant must deliver a copy of this com	pleted and signed form to the trustees and
must keep a copy including the proof of delivery	
Delivery method:	
By post (name and postal address):	In person by:
Contact telephone number for complainant(s):	Contact email address for complainant(s):
	The state of the s
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