



COMPLAINT FORM

AGENCY DETAILS	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>Stacey Pennicott PRINCIPAL LICENSEE</p> </div> <div style="text-align: center;">  </div> <div style="text-align: right;"> <p>PO Box 5156 Manly QLD 4179 M 0434 990 670 E stacey@staceyleerealty.com.au W www.staceyleerealty.com.au</p> </div> </div>		
COMPLAINANT (Person Lodging Complaint)	Name		
ADDRESS			
CONTACT DETAILS	Home Phone	Work Phone	Mobile
	Email Address		Fax
PREFERRED CONTACT METHOD			
DESCRIPTION OF PROBLEM	Date of Occurrence	Location if Applicable	
REMEDY REQUESTED	<input type="checkbox"/> NO		
	<input type="checkbox"/> YES -		
COMPLAINANT SIGNATURE			
ATTACHMENTS List documents supporting Complaint			
OFFICE USE ONLY	Date Received	Time Received	Method Received Post / Email / Fax / In Person
	Complaint Response Form attached for completion. <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Handed to Licensee / Complaint Manager
	Comments		Name of Recipient
			If Complaint Manager - Name