



Complaint Form

PLEASE RETURN TO – wa@mmj.com.au OR
PO BOX 7957, Cloisters Square, Perth WA 6850

If your complaint relates to a criminal matter, contact the Police in the first instance.

Complainant Details:

Date

Strata Plan Lot Number Unit Number

Property Address

Your Name

E-mail Mobile

Relationship to Strata Company (Please select one of the following)

Owner Tenant Agent

Nature of Complaint(s): Please provide detailed description, including times and dates.

NOTE: Please reference the By-Law you believe is being breached & details of the responsible party i.e. lot/unit number they are from/ associated with.

Location of Incident: i.e. Carpark, Unit, Common Property. Please describe;

Date/s of Incident/s			
Evidence to Support Claims Please attach any photographs, video footage or other evidence to support your complaint / report.			

NOTE: By signing this document, you are confirming that the information provided herein is true and correct and you acknowledge & agree that in the absence of supporting evidence, this document may be used as a statement of events and may be provided to the Council of Owners, the State Administrative Tribunal, the Police and / or the Courts.

Signature

Date