


# COMPLAINT FORM

<b>AGENCY DETAILS</b>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p style="font-size: 2em; font-family: cursive;">Stacey Pennicott</p> <p>PRINCIPAL LICENSEE</p> </div> <div style="text-align: center;">  </div> <div style="text-align: right;"> <p>PO Box 5156 Manly QLD 4179</p> <p><b>M</b> 0434 990 670</p> <p><b>E</b> <a href="mailto:stacey@staceyleerealty.com.au">stacey@staceyleerealty.com.au</a></p> <p><b>W</b> <a href="http://www.staceyleerealty.com.au">www.staceyleerealty.com.au</a></p> </div> </div>			
<b>COMPLAINANT (Person Lodging Complaint)</b>	Name			
<b>ADDRESS</b>				
<b>CONTACT DETAILS</b>	Home Phone	Work Phone	Mobile	
	Email Address		Fax	
<b>PREFERRED CONTACT METHOD</b>				
<b>DESCRIPTION OF PROBLEM</b>	Date of Occurrence	Location if Applicable		
<b>REMEDY REQUESTED</b>	<input type="checkbox"/> NO			
	<input type="checkbox"/> YES -			
<b>COMPLAINANT SIGNATURE</b>				
<b>ATTACHMENTS</b> List documents supporting Complaint				
<b>OFFICE USE ONLY</b>	Date Received	Time Received	Method Received Post / Email / Fax / In Person	Name of Recipient
	Complaint Response Form attached for completion. <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Handed to Licensee / Complaint Manager	If Complaint Manager - Name
	Comments			