



# 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			
<b>Evidence to Support Claims</b> 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