

Complaint Form

Complete this form if you have a complaint about a Department of Housing and Public Works tenancy or property matter, for example, excessive noise or untidy premises.

Complainant's	details					
Name:						
Address:						
				Postcode:		
Home phone:		Work:		Mobile:		
Email:						
Complaint agai	inet					
Name:						
Address:						
Addiess.				Pos	stcode:	
Details of comp	olaint.					
Signature:				7	Date:	

I understand that party without my this information.		_								
However, I also Administrative T parties to the he	ribunal, any	affidavit s	igned by	me ma	ıy be r	eleas	ed by the	Tribun		
To the best of my and correct. I/We to the Departmen	understand	that it is a	n offence	under t			•			
Signature:							I	Date:	1	1
<u>Pleas</u>	e return co	mpleted f	orm to y	our ne	arest	Hous	ing Serv	ice Ce	ntre.	
Privacy Notice										
The Department of Housyou with your housing governments and non-g with your housing need governmental organisati housing related researc disclosed to any other twww.hpw.qld.gov.au.	needs and services, plans that may be h, policy or plann	vices, your per inisations that r pass on the in able to provide ing functions. I	rsonal inform may be able formation to you with ho Unless autho	nation may to provide other part busing or so orised or re	be disc you with ner agen upport se quired by	closed to housing ncies, se ervices. I y law, yo	o partner age or support se ervice provider Limited person our personal in	encies, se ervices. Thes, local go nal information	ervice proney may, overnmer ation may will not	oviders, loo to assist y nts and no be used to otherwise
Office Use Only										
Complaint Receive	ed:	Counter		ı	Mail		Tele	ephone		