

PROPERTY COMPLAINT FORM

ABN 81 913 830 179

Please contact the Real Estate Agent/Landlord/Strata Manager/Managing Agent about your complaint before you complete this form

Your Details (please enter two forms of contact)					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other _____
Name:	First Name		Middle Initial	Last Name*	
*Address:	Address Line 1				
	Address Line 2				
	Address Line 3				
	Town / Suburb		State	Postcode	
*Phone:	Daytime Phone		Mobile		
Preferred Phone Contact Time:	<input type="checkbox"/> 8:30am – 10:30am	<input type="checkbox"/> 10:30am – 12:30pm	<input type="checkbox"/> 12:30pm – 3:30pm	<input type="checkbox"/> 3:30pm – 5:00pm	<input type="checkbox"/> Anytime
*Email:					

Who is your dispute with?		
*Name:		
Address:	Address Line 1*	
	Address Line 2	
	Address Line 3	
	Town / Suburb*	State*
Phone:	Daytime Phone	Mobile
Email:		

Is there any other party involved in the dispute? (if applicable):			
Business Name:			
Contact Name:	First Name	Last Name	
Address:	Address Line 1		
	Address Line 2		
	Address Line 3		
	Town / Suburb	State	Postcode
Phone:	Daytime Phone	Mobile	
Email:			

Property Details			
Relevant property address:	Address Line 1		
	Address Line 2		
	Address Line 3		
	Town / Suburb*	State*	Postcode*
* Who is your dispute with?	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant/s <input type="checkbox"/> Property Agent <input type="checkbox"/> Resident <input type="checkbox"/> Property Manager <input type="checkbox"/> Retirement Village Resident <input type="checkbox"/> Retirement Village Operator <input type="checkbox"/> Conveyancer <input type="checkbox"/> Valuer <input type="checkbox"/> Residential Park Manager <input type="checkbox"/> Strata Owners Corp <input type="checkbox"/> Strata Agent <input type="checkbox"/> Strata Lot Owner <input type="checkbox"/> Strata Exec. Committee <input type="checkbox"/> Vendor <input type="checkbox"/> Purchaser / Prospective Purchaser <input type="checkbox"/> Real Estate Sales Agent <input type="checkbox"/> Other		
* Who is lodging this dispute?	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant/s <input type="checkbox"/> Property Agent <input type="checkbox"/> Resident <input type="checkbox"/> Property Manager <input type="checkbox"/> Retirement Village Resident <input type="checkbox"/> Retirement Village Operator <input type="checkbox"/> Conveyancer <input type="checkbox"/> Valuer <input type="checkbox"/> Residential Park Manager <input type="checkbox"/> Strata Owners Corp <input type="checkbox"/> Strata Agent <input type="checkbox"/> Strata Lot Owner <input type="checkbox"/> Strata Exec. Committee <input type="checkbox"/> Vendor <input type="checkbox"/> Purchaser / Prospective Purchaser <input type="checkbox"/> Real Estate Sales Agent <input type="checkbox"/> Other		

What type of matter does your dispute relate to?	<input type="checkbox"/> Residential Tenancy <input type="checkbox"/> Property Valuation <input type="checkbox"/> Retirement Village <input type="checkbox"/> Residential Park / Land Lease community	<input type="checkbox"/> Strata <input type="checkbox"/> Real Estate Sales <input type="checkbox"/> Conveyancing
*Have you lodged a claim with the NSW Civil and Administrative Tribunal (NCAT)? NB: If you are disputing a claim on a rental bond you must lodge directly with NCAT		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you been assisted by any other service, person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____	

Dispute Details	
*What is Your Dispute About? <i>Please provide a brief outline of your dispute. Additional pages may be attached if required.</i>	
* Have you discussed your complaint with the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, what was their response?	
* What outcome are you seeking?	

NSW Fair Trading is always looking for ways to improve our customer experience. You may receive a survey after your matter is finalised inviting you to provide feedback on our services.

To enable us to better assist you, we need the following information (answers to all these questions are required):

Which age group are you in? (required)	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> >64 <input type="checkbox"/> Prefer not to answer
Are you of Aboriginal or Torres Strait Islander origin? (required)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer
Do you have a disability or additional support needs? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Do you speak English as a second language? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Are you a carer/advocate making a complaint on behalf of someone else? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Were the products or services purchased through any of these funding schemes:	<input type="checkbox"/> NDIS <input type="checkbox"/> My Aged Care <input type="checkbox"/> Not applicable

Acknowledgement and Declarations

I declare that the information supplied by me is to the best of my knowledge, true and correct. I acknowledge that NSW Fair Trading may:

- Use information provided or later obtained to resolve, investigate or otherwise deal with the complaint, take enforcement action (if appropriate), and monitor the marketplace for investigative and law enforcement purposes; or
- Where more appropriate, refer the complaint and that information to the other party or another government agency, for the purpose of resolving the complaint.

Signature:	Date: / /
-------------------	-------------------------

Please attach documents relevant to your dispute

This form must be lodged together with -

- **copy** of any agreements or contracts relevant to the transaction
- **copies** of any relevant correspondence between you and the other party
- **copies** of any notices sent/received, if applicable
- **copies** of any relevant reports
- **copies** of any supporting information, eg, photos, bank statements, receipts etc.

Please **DO NOT** send **ORIGINAL** documents, if they are required Fair Trading will request them.

**Please post completed form to: NSW Fair Trading, PO Box 972, Parramatta 2124
OR scan and email to sc@finance.nsw.gov.au**

Need more help?

If you require help in another language please contact the Telephone Interpreter Service on 13 14 50.

Our TTY phone for the hearing impaired is (02) 9338 4943.