

RESIDENTIAL ACCOMMODATION COMPLAINT FORM



Before you lodge this complaint it is suggested that you attempt settlement through the internal dispute resolution process, or body corporate management or landlord/agent.

If you cannot resolve the problem to your satisfaction, please complete both sides of this form and lodge it with Consumer Affairs Victoria. NOTE: Consumer Affairs Victoria will encourage both parties to reach a voluntary resolution however, we do not have the power to make either party accept a particular outcome. If our attempts are unsuccessful, you may need to consider further action such as applying to the Victorian Civil & Administrative Tribunal or engaging a solicitor.

Consumer helpline
1300 55 81 81
For more consumer
information visit our website
www.consumer.vic.gov.au

Residential Tenancy

<input type="checkbox"/> Caravan Park	<input type="checkbox"/> Private Rental	<input type="text"/>	Weekly rent
<input type="checkbox"/> Rooming House	<input type="checkbox"/> Public	<input type="text"/>	Bond
<input type="checkbox"/> Fixed-term	<input type="checkbox"/> Periodic	<input type="text"/>	Bond No.

Retirement Village

<input type="checkbox"/> Strata Title
<input type="checkbox"/> Lease agreement
<input type="checkbox"/> Rental agreement

Body Corporate

<input type="checkbox"/> Private
<input type="checkbox"/> Commercial

1. Your details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime telephone number	Mobile telephone number		
<input type="text"/>	<input type="text"/>		
Email address (if applicable)	Year of birth (eg 1962)	Gender	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Name of Landlord/Agent or Body Corporate/Retirement Village Manager

Name			
<input type="text"/>			
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime telephone number	Mobile telephone number	Email address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Address of Property in Dispute if Different from Above

Name			
<input type="text"/>			
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime telephone number	Mobile telephone number	Email address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Details of any other party/parties involved

Name			
<input type="text"/>			
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime telephone number	Mobile telephone number	Email address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please turn over and tell us about your complaint

Office
use
only

Officer	<input type="text"/>
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Subject	<input type="text"/>
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Conciliation Yes No

Investigation/Compliance Yes No

RT0050 (10/10/06)



