

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"/>
Conciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject	<input type="text"/>
Investigation/Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No

RT0050 (10/10/06)



5. Details of dispute

Date of Transaction/Dispute

/ /

Monetary Value of Dispute (If any)

\$

Have you approached the Internal

Dispute Resolution Process? Yes No

6. Please explain your complaint (include dates – if you need more space, please attach a separate sheet)

[Large empty box for explaining the complaint]

7. What was offered by the Landlord/Agent; Body Corporate Manager/Retirement Village Manager?

[Empty box for describing what was offered]

Name of person you have spoken to:

Mr/Mrs etc.

8. What remedy are you seeking – how do you want your problem to be solved?

(if you need more space, please attach a separate sheet)

[Empty box for describing the desired remedy]

9. Do you have any written documents to support your complaint?

(e.g. receipts, quotes, contracts, invoices or any documents you have served on the landlord/agent/manager or they have served on you)

No

Yes Please attach copies of all documents to this complaint form. Go to question 9.

10. Did you telephone Consumer Affairs Victoria before making this complaint?

No Yes

11. Signature

I declare that the above information is true and correct to the best of my knowledge. I agree that the information I have given in this form may be used or disclosed by Consumer Affairs Victoria to process this complaint.

Signature

X

Date

/ /

12. How to lodge this complaint

Post this form and copies of any documents to: Consumer Affairs Victoria GPO Box 123A, Melbourne VIC 3001

or Fax both sides of this form and copies of any documents to: (03) 8684 6310

or Deliver in person to: 113 Exhibition Street, Melbourne VIC 3000

13. What happens then?

An officer from Consumer Affairs Victoria will contact you regarding this complaint.

Privacy

Consumer Affairs Victoria is bound by laws that protect your privacy concerning the collection, use and disclosure of your personal information. Where you do not provide the information required by this form, we may refuse or be unable to process this transaction. We may need to disclose your personal information to other State and Commonwealth agencies. You can request access to your personal information by contacting us. Our privacy statement is available at www.consumer.vic.gov.au