



Planning Complaint Form

CUSTOMER DETAILS	
COMPANY NAME	
YOUR NAME	SURNAME: MR/MRS/MS/OTHER
	GIVEN: MIDDLE:
	YOUR POSTAL ADDRESS
NUMBER: STREET:	
PO BOX:	
SUBURB: STATE: POSTCODE:	
YOUR CONTACT DETAILS	PHONE: MOBILE:
	FAX: EMAIL:
	SIGNATURE DATE:

NATURE OF COMPLAINT	
PROPERTY ADDRESS	LOT/NUMBER: STREET:
	TOWN:
NAME OF OFFENDING PARTY (IF KNOWN)	
NATURE OF COMPLAINT	
WHAT ARE THE IMPACTS ON YOU OR YOUR PROPERTY?	
HAVE YOU TRIED TO RESOLVE THE PROBLEM BY DISCUSSING THE MATTER WITH THE OFFENDING PARTY?	
IF SO, WHAT WAS THE OUTCOME?	
HOW DO YOU WANT THIS MATTER RESOLVED?	