

Complaint Form

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

Complainant's	details								
Name:									
Address:									
					Pos	tcode:			
Home phone:		Work:			Mobile:				
Email:									
Complaint aga	inst								
Name:									
Address:									
					Pos	tcode:			
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Signaturo						Data			
Signature:	1					Date:	,	/	

I understand that this information is given in confidence, and cannot be released to a third party without my prior consent. Provisions of the <i>Right to Information Act 2009</i> may apply to this information.									
However, I also understand that should this matter proceed to the Queensland Civil and Administrative Tribunal, any affidavit signed by me may be released by the Tribunal to any parties to the hearing, and I may be required to attend the hearing in person.									
To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I/We understand that it is an offence under the <i>Housing Act 2003</i> to knowingly provide to the Department false and misleading information.									
Signature: Date: / /									
Please return completed form to your nearest Housing Service Centre.									
Privacy Notice									
The Department of Housing is collecting your personal information so we may provide you with housing assistance. To assist you with housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and governmental agencies that now, or will, provide you with housing and/or support services. Unless authorised or required by law, your pe information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligation available on our website at www.housing.qld.gov.au .	d non- rsonal								
Office Use Only									
Complaint Received: Counter \square Mail \square Telephone \square									