

**Complaint Form**

**Annexure 4 to the regulations under the Sectional Title Schemes Management Act,**

**No. 8 of 2011**

**STSM Ann.**

4.1 (10/11)

**Use this form to notify the Body Corporate and persons against whom you are making the complaint, who must be a unit owner, occupier or the managing agent.**

**Details of person making this complaint:**

Full names:

[Empty text box for full names]

Unit number(s) (if applicable)    Section Address:

[Empty text box for unit number]

[Empty text box for section address]

Name and number of Scheme

Province

Postcode

[Empty text box for postal address]

[Empty text box for postal address]

[Empty text box for postal address]

Postal address of Complainant (if different from above)

[Empty text box for postal address]

Which type are you? (tick **one** box):

**Types:** 1. Unit owner  2. Unit tenant  3. Other occupier  4. Managing agent

**Details of person(s) you are making the complaint against:**

Person(s) name(s)	Address (include unit number, if applicable)	Type No.

**Details of the relevant Rule, section of the Act or Regulation:**

Identify which provision(s) is/are apparently being breached or not being complied with

**Details of complaint/alleged breach:**

Describe what the complaint/breach is about, including dates and times

**Self-help action taken:**

What has been done to try to resolve this complaint? Please describe what you have done, who you have talked to and what they offered to do

**Proposed solution or action:**

What remedy are you requesting? How do you want the problem to be solved?

**Declaration and Signature of complainant:**

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 the body corporate to process and resolve this complaint.

Signature:

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**The complainant must deliver a copy of this completed and signed form to the body corporate and must keep a copy and proof of delivery.**

**Delivery method:**

**By post (name and postal address):**

**In person by:**

**Contact telephone number for complaint(s):**

**Contact email address for complainant(s):**

Date of Notice

Record of Body Corporate Decision

Annexure 4 to the regulations under the Sectional Title Schemes Management Act, No. 8 of 2011 STSM Ann. 4.2 (10/11)

From: Name and number of scheme

[Empty box for name and number of scheme]

To: (person/s that made complaint and person/s who allegedly committed breach)

Person/s name/s	Address

Description of Complaint: (brief details of complaint/alleged breach)

Person/s name/s
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Outcome of Internal Dispute Resolution Meeting: (description)

[Empty box for outcome of meeting]

Decision of Body Corporate: (description and reasons for decision)

[Empty box for decision]

[Empty rectangular box]

**This Notice is served by:**

Signature of person representing body corporate

[Empty rectangular box for signature]

Printed name

[Empty rectangular box for printed name]

Position/Title

[Empty rectangular box for position/title]

Address

[Empty rectangular box for address]

Contact telephone number

[Empty rectangular box for contact telephone number]

Email address (if applicable)

[Empty rectangular box for email address]

**Important Notice**

- If any party to this dispute is not satisfied with the decision that party can make an application to the Community Schemes Ombud Service for assistance.