

Please tick:      Mr       Ms       Mrs       Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_      Email address \_\_\_\_\_

Agent / Employee involved: \_\_\_\_\_

**Feedback or complaint**

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**What outcome are you seeking?**

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**Declaration**

Signature \_\_\_\_\_      Date \_\_\_\_\_

**Attachments**

Supporting documents attached:      Yes      No

Please forward to

The Agency/SLP/RightMove

68 Milligan Street Perth or;

Email to [hellowa@theagency.com.au](mailto:hellowa@theagency.com.au)

**Please be assured your feedback will be treated confidentially.**