

Date \_\_\_\_\_ Time \_\_\_\_\_

Complaint received Phone  In Person  Email  Online Form  Other Written

Complaint received by \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_

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

**Stakeholder** Seller  Buyer  Landlord  Tenant  Creditor

Member of the Public  Other Stakeholder  \_\_\_\_\_

Brief description of the complaint (All documentation, evidence and original complaint attached **YES / NO**)

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Risk rating of the complaint

Quality & Continuation of Service

Severe  Major  Moderate  Minor  Insignificant

Reputation

Severe  Major  Moderate  Minor  Insignificant

Legal/Contractual/Compliance

Severe  Major  Moderate  Minor  Insignificant

Cost

Severe  Major  Moderate  Minor  Insignificant

As part of the process were any of the following parties informed?

Licensee/General Manager  Client  Insurer  Lawyers

Was the complaint referred to someone else **YES / NO**

Name \_\_\_\_\_ Position \_\_\_\_\_

Agreed action to resolve the complaint:

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Was the complainant informed of progress: **YES / NO**  
(Attach correspondence). If no, provide an explanation.

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Was the complainant advised within 7 days from the date of the complaint of an outcome?  
**YES / NO** If no, provide an explanation.

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Was the complainant satisfied with the outcome? **YES / NO** If no, provide an explanation.

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Please indicate what further action was advised to the complainant.

Legal advice  DEMIRS  Magistrates Court  Other  \_\_\_\_\_

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**Office Use Only**

What preventative action could've been taken?

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Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_