

BUILDING ADVISORY SERVICES COMPLAINT FORM

1. Your Details

Title: _____ Last name: _____ First name: _____
Telephone: (Business Hours) _____ E-mail address: _____
Postal address: _____ Date: _____

2. Details of Complaint

Property address: _____

Is your complaint about a building contractor? Yes No

If Yes please Building Practitioner details: _____

Have you referred this complaint to the Commissioner for Residential Building Disputes? Yes No

Please tell us about your complaint *(Who, what, where and when – Attach extra sheets if needed)*

What outcome are you seeking by lodging this complaint?

Completed forms may be submitted via any of the below methods:

Mail:

PO Box 1680
Darwin NT 0801

Hand Delivery:

First Floor
Energy House,
18-20
Cavenagh
Street
DARWIN
or DIPL offices Katherine
and Alice Springs

E-Mail:

bas@nt.gov.au