**BUILDING ADVISORY SERVICES COMPLAINT FORM**

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| **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](mailto:bas@nt.gov.au)

DEPARTMENT OF **INFRASTRUCTURE, PLANNING AND LOGISTICS**