



179 Peel Street, North Melbourne VIC 3051 Phone 03 9379 0009 / 0402 619 929 office@mktconsultants.com.au www.mktconsultants.com.au ABN 12 648 790 498

MKT Building Surveyors is dedicated to taking appropriate measures to handling complaints in a timely manner with a process in place to address issues of non-compliance brought to our attention in line with the VBA Code of Conduct for Building Surveyors and the statutory function of a registered Building Surveyor.

This document outlines the process of complaint management within MKT Building Surveyors.



STEP 1

Complainant to complete our Complaints Form and submit via email to office@mktconsultants.com.au The complainant is to provide all relevant communication history (if applicable) and include photographs of said complaint (if applicable) to assist MKT with handling the complaint.





STEP 3

The relevant parties are to review our response and respond to the assigned staff member stating whether the concerns have been adequately addressed or if further questions have arisen.

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STEP 4

Once the concerned party/person is satisfied their concerns have been addressed either via our initial response or later correspondence. An email must be sent to the Relevant Building Surveyor stating their concerns have been satisfied.

STEP 2

Once this form is received, you will be notified within 48 hours and it will be directed to the assigned staff member who will review and take the necessary steps to resolve the complaint (allow for 7-14 days).

Complaint assessed:

- 1. Evidence gathering
- 2. Technical advice sought
- 3. Risk established
- 4. Project history reviewed



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Complaints Form

As part of MKT's complaints process, please complete this form to lodge a complaint. Email the completed form along with any supporting documentation to office@mktconsultants.com.au

All fields of this form must be completed for a submission to be accepted and considered.

To MKT Building Sur 179 Peel Street, North Melbourn	•			
Applicant Detail Full Name:	S			
Contact Address	:			
Contact Number	:			
Email Address: _				
Company Name	(if applicable):			
Contact Preferer	ice: Email	Phone		
Complainant det	ails: Homeowner	Contracto	r Neighbour	
	☐ Industry Profe	essional 🗌 Oth	ner (please specify)	
= =	<i>(in relation to submiss</i> Number:	-		
Number:	Street/Road:		City/Su	burb:
Postcode:	Lot/s:	LP/PS:	Volume:	Folio:



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Details of Complaint (Provide as much information as possible)				
How did this complaint arise?				
s this your first time raising the complaint?				



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ave you contacted the local council or Victorian Building Authority regarding this complaint? so, please specify advice given. the area of this complaint an Occupational health and safety matter? so, please specify how it is related.		
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Have you contacted Work Safe Victoria regard	ding this complaint?
If so, please specify advice given.	
Does this complaint relate to the protection o	of the adjoining property?
If so, specify how the adjoining property has I	been affected.
Does this complain affect the structural integ	rity of the building/structure?



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this complaint considered on an array of 2	
this complaint considered an emergency?	
so, please specify why.	
vec this complaint valete to the title boundary forces?	
Des this complaint relate to the title boundary fences?	uroachod
oes this complaint relate to the title boundary fences? so, please specify what has occurred and which section of the Fences Act has been b	reached
	oreached



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Please specify the expected outcome of your complaint. (Note: Once the submission is accepted and
the applicant is contacted, the outcome may not always be as expected and up to the applicants'
satisfaction).
CONDITIONS (Please tick to indicate you have read and accept)
Submissions will be responded to within 14 business days.
Incomplete submissions will not be accepted.
Applicant is prepared to appear before a court or tribunal if required.
Further information may be required including but not limited to documents, evidence and details.
DECLARATION (Please tick to indicate you have read and accept)
I declare the above information is true and correct.
I declare that I have read and understand the conditions of this submission.
I acknowledge that the owners of the subject allotment will be notified of this complaint.
I authorize MKT Building Surveyors to reserve the right to use the above-mentioned information in
assisting with the submission.
The authorised signatory finalises the process in the submission.
Applicant Name:
Applicant Signature:
Date: