



ADR CONVENOR COMPLAINT FORM

Date:

Land Court File Reference: *(if any)*

Name:

Address:

Post Code:

Phone number:

Email address:

Describe your complaint:

Attach any additional sheets to describe your complaint if required.

How would you like the Land Court to resolve your complaint?

If insufficient space, please attach separate numbered sheets. *(No of sheets attached)*

I acknowledge that to the best of my knowledge, all the information provided is true and correct and that no details relevant to the complaint have been left out.

Signature

Date

Please return this form to:

Email: ADRPANEL.Landcourt@justice.qld.gov.au