



**TENANT'S COMPLAINT FORM**

To : Building Management  
#522-523, 5th Floor  
Corner of Pyay Road & Hledan Road

Tel : 01-230 5631, 230 5632

Kamayut Township,  
Yangon, Myanmar

Fax :

**This complaint is made by:**

Name of Person : \_\_\_\_\_ Occupant/Tenant : \_\_\_\_\_

Lot/Suite No.: \_\_\_\_\_ Level : \_\_\_\_\_ Tel.No.: \_\_\_\_\_

Date of complaint : \_\_\_\_\_ Time of complaint lodge : \_\_\_\_\_

**TYPE OF COMPLAINT**

- |                     |                          |                     |                          |
|---------------------|--------------------------|---------------------|--------------------------|
| 1) Air Conditioning | <input type="checkbox"/> | 5) Car park/Traffic | <input type="checkbox"/> |
| 2) Electrical       | <input type="checkbox"/> | 6) Security         | <input type="checkbox"/> |
| 3) Fire Protection  | <input type="checkbox"/> | 7) Cleanliness      | <input type="checkbox"/> |
| 4) Plumbing         | <input type="checkbox"/> | 8) Others           | <input type="checkbox"/> |

**DETAIL OF COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date & Time received by Building Management : \_\_\_\_\_ Received by : \_\_\_\_\_

**FOR OFFICE USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Building Service | <input type="checkbox"/> House Keeping & Cleaning |
| <input type="checkbox"/> Security         | <input type="checkbox"/> Others                   |

Action Taken by : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

Description of action taken :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attended by :

\_\_\_\_\_  
Confirmation of satisfactory completion of work  
By complainant/occupant (chop & sign)

\_\_\_\_\_  
Check & verify by Property/Building Manager

\_\_\_\_\_  
Date : .....