



9 BUKIT UTAMA CONDOMINIUM

COMPLAINTS

COMPLAINANT			
Name			Owner / Tenant
Apartment No.		Telephone No	
Email Address			
Location	Particulars		

Date : _____

Complainant's signature : _____

FOR OFFICE USE ONLY	
Attended by	Remarks
Date :	
Checked by	
Date :	
Verified by (Complainant)	
Date :	

• Delete where not applicable

