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| Complaint Received: | |
| Complaint Number: | |

Building Practitioners Board
PO Box 10 729, Wellington 6143
86 Customhouse Quay, Wellington 6011
Phone: 0800-60 60 50, Fax: 04-494 0291
Email: bpb@dbh.govt.nz

Licensed Building Practitioner Complaint Form

You may use this form to make a complaint about the conduct of a Licensed Building Practitioner. Your complaint may relate to a person who is no longer a Licensed Building Practitioner provided the person was licensed when the conduct you are complaining about occurred.

PART 1: Your details (the complainant)

Please complete your personal details:

Title: Mr Mrs Miss Ms Surname: _____

First names: _____

First name known as (if different from above): _____

Company name (if applicable): _____

Street address: _____

Suburb: _____ Town/City: _____

Postal address (if different from above): _____

Daytime phone number: _____ Mobile phone number: _____

Email address: _____

PART 2: When and where the work complained about was done (if applicable)

Please provide details of when and where the work complained about was done

Date/s work undertaken: _____

Street address: _____

Suburb: _____ Town/City: _____

Are you the owner of this property? Yes No

Name of owner (if not yourself): _____

Owner's daytime phone no: _____ Owner's Mobile phone no: _____

Owner's email address: _____

PART 3: Details of the Licensed Building Practitioner

Please complete details of Licensed Building Practitioner complaining about:

Title: Mr Mrs Miss Ms Surname: _____

First names: _____

First name known as (if different from above): _____

Company name (if applicable): _____

Street address: _____

Suburb: _____ Town/City: _____

Postal address (if different from above): _____

Home phone number: _____ Mobile phone number: _____

Email address: _____

Did you sight the building practitioner's licensing ID card? Yes No

Licensed Building Practitioner number (if known) _____

PART 4: Grounds for the Complaint

The grounds for the complaint are set out in section 317 of the Building Act 2004. You may make a complaint if a Licensed Building Practitioner:

Please tick the grounds of your complaint (if known):

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| | | √ |
| (a) | has carried out or supervised building work or building inspection work in a negligent or incompetent manner. | |
| (b) | has carried out or supervised building work or building inspection work that does not comply with a building consent. | |
| (c) | has held himself or herself out as being licensed to carry out or supervise building work or building inspection work of a type that, at that time, he or she was not licensed to carry out or supervise. | |
| (d) | has been convicted, whether before or after he or she is licensed, by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 6 months or more, and the commission of the offence reflects adversely on the person's fitness to carry out or supervise building work or building inspection work. | |
| (e) | has, for the purpose of becoming licensed himself or herself, or for the purpose of any other person becoming licensed, <ul style="list-style-type: none"> (i) either orally or in writing, made any declaration or representation, knowing it to be false or misleading in a material particular; or (ii) produced to the Registrar or made use of any document, knowing it to contain a declaration or representation referred to in subparagraph (i) above; or (iii) produced to the Registrar or made use of any document, knowing that it was not genuine. | |

PART 8: Witness(es), if any

Witness 1:

Title: Mr Mrs Miss Ms Surname: _____

First names: _____

Role in project: _____

Company name (if applicable): _____

Street address: _____

Suburb: _____ Town/City: _____

Postal address (if different from above): _____

Daytime phone number: _____ Mobile phone number: _____

Email address: _____

Outline points of note the witness observed in relation to your complaint: _____

NOTE: A witness is anyone (other than yourself) who observed the work being carried out, and/or the finished work and/or was a party to any discussions relating to the alleged non compliance.

Please provide details of further witnesses on a separate piece of paper if you have more than two witnesses.

Witness 2:

Title: Mr Mrs Miss Ms Surname: _____

First names: _____

Company name (if applicable): _____

Role in project: _____

Street address: _____

Suburb: _____ Town/City: _____

Postal address (if different from above): _____

Daytime phone number: _____ Mobile phone number: _____

Email address: _____

Outline points of note the witness observed in relation to your complaint: _____

PART 9: Attachments

How many photos are attached to this form? _____

How many extra sheets of paper are attached to this form? _____

Have you attached anything else to this form - if so what? _____

PART 10: Declaration

I agree to all documentation relating to this complaint being released to all parties involved, and declare that the information I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to provide false or misleading information.

Applicant's Signature

Date

Send this form to: **Building Practitioners Board**
Department of Building & Housing
PO Box 10 729
Wellington 6143