



Completing this form

- Use BLACK pen only
Print clearly in BLOCK LETTERS
DO NOT use correction fluid - any amendments should be crossed out and initialled

PLEASE NOTE: While all complaints are carefully considered by the QBCC, we cannot pursue them all. To make the best use of our resources and increase benefits to the public, we target areas where there is evidence or where there may be potential loss to consumers.

Return your fully-completed form and ALL required documents by:

Post: GPO Box 5099 Brisbane QLD 4001 email: ncbp@qbcc.qld.gov.au in person: QBCC Queensland service centres are listed on our website.

1. YOUR DETAILS

Please select title Mr Mrs Miss Ms Other

Form fields for Surname, First names, Address, Postcode, Home ph, Alt. ph, Mobile, Fax, Email, Contact person

PRIVACY NOTICE: The QBCC is collecting the information on this form to assist in the investigation of your complaint, on a confidential basis and in furtherance of an investigation or possible contravention of the law.

- some information used in taking disciplinary action against an offender may indicate the origin of this complaint
supporting evidence provided by you, including documents such as quotations, contracts, invoices etc may be provided to the alleged offender
in relation to complaints about fitness to hold a licence, details of all allegations must be provided to the alleged offender
you may be required to give evidence in court
the information collected may be requested by other government agencies which have certain powers to request this information or disclosed by order of a court or tribunal of competent jurisdiction
all information held by the QBCC may be subject to application for access under the Right to Information Act 2009 (the Act).

Table with 2 rows: CRN, Licence No, Receipt Amount, Receipt No

2. WHO IS THE PRODUCT DESIGNER / MANUFACTURER / IMPORTER / SUPPLIER / INSTALLER

Name:

QBCC Lic No: (if known) ABN/ACN:

Postal Address:

Postcode:

Phone: Alt. Ph:

Mobile: Fax:

Email:

Please explain how you came to deal with this product or its designer / manufacturer / importer / supplier / installer:

3. LOCATION OF THE NCBP / ASSOCIATED BUILDING WORK

Real Property Description:

Lot no Plan type (e.g. RP/SP/BUP/GTP) Plan number

Address House no Unit no

Street name

Suburb/Town Postcode

Further incident location information (e.g. shop number, room name/type)

Are you the owner of this property? YES NO

If you are not the owner, what is your relationship/involvement with the above-mentioned party?

Is this a residential property? YES NO

4. NCBP DETAILS

Please provide a description of the NCBP or matter relating to the NCBP

What date did you become aware of the NCBP?

Date: / /

Time NCBP was identified/occured: :

What action have you taken since becoming aware of the NCBP?

Who else have you advised of the NCBP?

Has the location been secured, and how?

What action has been taken to prevent any further risk?

5. OTHER HELP

Have you asked any other organisation for help? YES NO

If yes, which organisation was it?

If yes, what help have they given you? (use the space provided below)

6. GOING TO A COURT OR TRIBUNAL

Are you prepared to appear before a court or tribunal if required? YES NO

7. EVIDENCE CHECKLIST

Please tick the evidence (if any) that you have provided with this form to substantiate your complaint.

Copy of contract	YES <input type="checkbox"/>
Copy of quotation	YES <input type="checkbox"/>
Copies of plans, specifications, manufacturer's product information etc.	YES <input type="checkbox"/>
Copies of any forms given or received for the work	YES <input type="checkbox"/>
Copies of invoices issued to you or by you	YES <input type="checkbox"/>
Copies of receipts	YES <input type="checkbox"/>
Copies of advertisements	YES <input type="checkbox"/>
Copy of business card or other documentation to help identify the relevant party	YES <input type="checkbox"/>
Copy of any correspondence between you and the relevant party	YES <input type="checkbox"/>
Copies of complaints made to other organisations	YES <input type="checkbox"/>
Photos of NCBP or building work	YES <input type="checkbox"/>
Other (please specify)	YES <input type="checkbox"/>

8. COMPLAINANT/S DECLARATION

Please ensure you have completed all relevant fields and have included all relevant documentation and evidence. (If the QBCC is not provided with sufficient information your complaint may not be investigated and you will be notified accordingly.)

Please note, it is an offence under section 108C of the *Queensland Building and Construction Act 1991* to give the commission a document containing information the person knows is false or misleading. QBCC may exchange information under section 28B of the *Queensland Building and Construction Act 1991* with other agencies including information provided on this form.

I declare the information provided in this complaint, to the best of my/our knowledge, is true and correct.

Print name: Signature: Date: / /

IMPORTANT

Do not send original documents – the QBCC can not return documents. Any documents provided by you will be destroyed in accordance with Principle 7 - Information Standard 40.

What if the QBCC can not investigate the complaint?

The QBCC cannot pursue all the complaints it receives. Your complaint will be carefully considered however it may not be investigated. If the QBCC does not investigate you may still have civil rights you can pursue. You should seek legal advice in relation to any civil remedies.

If the QBCC does investigate and take action, we may use a range of remedies which include education, advice, warnings, fines, demerit points, conditions on your licence, public warnings, injunctions, disciplinary action or prosecutions.

How will this information be used?

The QBCC may use the information provided in this complaint for intelligence purposes related to administration and enforcement of the QBCC Act and PD Act.