

# NON-COMPLETION CLAIM RESIDENTIAL CONSTRUCTION WORK

## Before you start the Non-Completion Claim

### When to lodge a claim for Non-Completion

You should complete this form if your construction work is not complete and you have terminated your contract with the contractor due to their default.

If you need help terminating the contract please see the fact sheet on our website: [qbcc.qld.gov.au/sites/default/files/How\\_to\\_terminate\\_a\\_building\\_contract.pdf](http://qbcc.qld.gov.au/sites/default/files/How_to_terminate_a_building_contract.pdf)

If the date of your contract is on or after 28 October 2016 you do not have to terminate the contract if the contractor:

- has died, or in the case of a company, has been deregistered
- has had their licence cancelled and they are bankrupt, or in the case of a company, in liquidation.

If the construction work has been completed but you have concerns about defective work then you should complete a Residential and Commercial Construction Work Complaint Form. If your work isn't complete, but you have defects in what has been completed, then you are in the right place.

Lastly, we wish to recommend the following if you have terminated your contract:

- Secure the building site from all unauthorised parties
- Health and safety on the site is the responsibility of the property owner. QBCC does not provide a 'make safe' service. If there are any immediate safety concerns, we recommend you take steps to mitigate any risk to occupants an/or visitors (e.g. restrict access to any unsafe areas).
- Do not make any further payments to your contractor, even if the contractor is still requesting them
- Do not make any payment to subcontractors (eg plumbers, painters etc)

### Who can lodge?

**Property owner** - You are the owner of the house/unit where building work or renovations have or are being undertaken.

**Body corporate** - You represent the body corporate of a residential complex where building work or renovations have or are being undertaken. Your complaint relates to common property only and does not relate to a single unit.

**Authorised agent** - If you have authorised someone to act as your agent, they are eligible to lodge on your behalf.

## How to complete this form

- To assist the QBCC in assessing your claim please complete all relevant sections of the form.
- Read the check list below to find out which documents you need to supply (Do not send originals as we cannot return them).
- We cannot assess your claim without the mandatory documents.

## What documents to include

### Mandatory documents

- Evidence of contract termination, eg. A copy of all termination notices and any other correspondence about terminating the contract sent to the contractor
- Building Contract including all terms and conditions
- Contract Specifications if referred to in your contract
- Approved building plans if applicable in your circumstances, i.e. the work requires approval
- Council development/Building Approval if applicable in your circumstances, ie the work requires approval
- Contract variation documents
- Evidence of payments made to the contractor e.g. copies of receipts issued by the contractor

### Other useful documents

- Engineering or other types of Inspection Certificates for work completed to date
- Quotes to complete work
- Evidence of Site Work not having commenced if making a claim for refund of deposit
- Pest inspection report
- Drainage plan
- Written notification to contractor alerting to non-completed work
- Relevant correspondence between you and the contractor

This may not be all the information we will need to assess your claim, we may contact you after lodgement of your claim to request more documents.

**PRIVACY NOTICE:** The QBCC is collecting the information on this form to assist in resolving your dispute with your contractor and/or to assess whether you are entitled to an insurance claim. We may provide all or some of this information to your contractor, and/or members of our panel of technical consultants/rectifying builders.

We may do this to provide information for the purpose of facilitating rectification or quoting for the completion or rectification of building work in relation to your dispute. Technical consultants include licensed contractors, registered engineers and industry specialists. Collection of this information is authorised by the *Queensland Building and Construction Commission Act 1991*.

This information can be disclosed by the QBCC to another party with your consent or as authorised or required by law. For further information visit the QBCC website at [qbcc.qld.gov.au](http://qbcc.qld.gov.au).

**RETURN YOUR COMPLETED FORM AND ALL DOCUMENTS BY:**

Post: GPO Box 5099 Brisbane QLD 4001.

In person: QBCC service centres are listed on our website [qbcc.qld.gov.au](http://qbcc.qld.gov.au).

**COMPLETING THIS FORM**

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – amendment to be crossed out and initialled

## 1. WHO ARE YOU OR WHO ARE YOU REPRESENTING?

Property owner    
  Body corporate    
  Authorised agent

## 2. CLAIMANT'S DETAILS

Title  Mr  Mrs  Miss  Ms  Other

Surname

First names

Company Name

ABN  ACN

Postal address

Home ph  Work ph

Mobile

Email

Contact person

Contact phone

Are you/the Claimant registered for GST for the purposes of Claiming GST return on this building site?  Yes  No

What is the percentage of GST claimable on your GST return for this building site?  Yes  No

## 3. LOCATION OF BUILDING WORK

Real Property Description: these details can be found on your rates notice or your Certificate of Title

Lot no (e.g. 6)  Plan (e.g. RP/SP/BUP/GTP)  Plan no (numeric)

House no  Unit no

Address

State  Postcode

**OFFICE ONLY**

CRN:

Licence No:

Action Officer:

File No:

**4. OWNER'S AGENT**

For agents acting on owner's behalf, please provide a copy of the written authorisation.

I am an individual agent       I am a part of a company acting as an agent

Title  Mr    Mrs    Miss    Ms    Other

Surname

First names

Company Name

ABN  ACN

Postal address

State  Postcode

Home ph  Work ph

Mobile

Email

Contact person

Contact person ph

Email

**5. WHO IS THE CONTRACTOR?**

Contractor Name

QBCC Licence Number

ABN  ACN


Postal address

State  Postcode



### 7. BUILDING WORK CONTINUED

Q1B. What stage is the work up to? (Renovation or trade work)

 You must provide a copy of your building contract.  Yes

Please tick that you have supplied it:  Building contract  Quotation  Invoice

### 8. CONSTRUCTION STATUS

Work has not started if all that has occurred is earthmoving, excavation or demolition. For a house, construction starts when footings are commenced. For a renovation, work commences when something has been physically changed on site.

Has work started on the site? Yes  No

**Only complete this section if building work has NOT started.**

Date contract signed:   /   /

Date deposit paid:   /   /

Contract amount:  
\$             .

Amount of deposit paid:  
\$             .

Were any other payments made? If so please provide details:

**Only complete this section if building work has started.**

Date contract signed:   /   /

Date work commenced:   /   /

Date of final payment:   /   /

When did the work stop?   /   /

Contract amount:  
\$             .

Cost of variations:  
\$             .

Payments to date:  
\$             .

Amounts still owing:  
\$             .

**9. OTHER HELP**

Have you asked any other organisation for help?  Yes  No

If yes, which organisation was it?  Queensland Civil and Administrative Tribunal  District or Magistrates Court

Application no.

Have they helped so far?  Yes  No

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

**10. DEFECT LIST**

In addition to the work not being complete, is any completed work defective?  Yes  No

If yes, please fill out the template after Section 11 (Declaration). List all of the defects. Accurate completion of this section will allow us to have a greater understanding of your complaint.

**11. DECLARATION**

I/We understand that the documentation submitted with this form may be made available to other parties under the *Right to Information Act 2009* or *Information Privacy Act 2009*.


I declare the information provided in this claim form is correct to the best of my/our knowledge that as per Section 108C of the QBCC Act, providing information to the Commission that I know to be false or misleading is committing an offence that could lead to prosecution.

- (a) The Insured has duty to the QBCC to act in utmost good faith in respect of any matter arising under or in relation to this policy.
- (b) This duty includes, but is not limited to, as responsibility to disclose to the QBCC every matter the Insured knows, or could reasonably be expected to know, which may be relevant to a determination of the liability or the extent of the liability of the QBCC to pay a claim under this policy.
- (c) If the Insured fails in the duty of utmost good faith, the Insure is liable to pay the QBCC any amount paid in excess of the QBCC's actual liability to pay for loss under this policy, and the QBCC may recover such a sum accordingly. QBCC also retains the right to disclose the information provided via this form to external parties and consultants for the purposes of assessing and resolving the Non-Completion Claim.

I/We declare the information provided in this complaint is correct to the best of my/our knowledge

Name of person providing the declaration

Applicant's signature  Date   /   /

 Please ensure the Declaration is not dated more than one (1) month prior to the date the application is submitted to QBCC.

# INTERNAL COMPLAINT ITEMS

INTERNAL

EXTERNAL

BODY CORPORATE  
INTERNAL

BODY CORPORATE  
EXTERNAL

Step 1. Enter Item number and date. Step 2. Tick Location/Room and/or component. Step 3. Write a brief concise description of each item. Step 4. Add a reference for your photos if including them

ITEM NO.	DATE ITEM NOTICED	ROOM/LOCATION OF ITEM (select only one per item)				COMPONENT (Select only one per item)				BRIEF DESCRIPTION	PHOTO REFERENCE		
1	12/10/15	Bathroom/ensuite	<input checked="" type="checkbox"/>	Living room	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Floor	<input type="checkbox"/>	Cracked tiles in the shower.	Photo 1		
		Bedroom	<input type="checkbox"/>	Dining room	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>				
		Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Door	<input type="checkbox"/>	Window	<input type="checkbox"/>			Stairs and steps	<input type="checkbox"/>
		Office/rumpus	<input type="checkbox"/>	Loft/roof space	<input type="checkbox"/>	Fixtures and fittings	<input type="checkbox"/>	Walls	<input type="checkbox"/>				
		Bathroom/ensuite	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Floor	<input type="checkbox"/>				
		Bedroom	<input type="checkbox"/>	Dining room	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>				
		Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Door	<input type="checkbox"/>	Window	<input type="checkbox"/>	Stairs and steps	<input type="checkbox"/>		
		Office/rumpus	<input type="checkbox"/>	Loft/roof space	<input type="checkbox"/>	Fixtures and fittings	<input type="checkbox"/>	Walls	<input type="checkbox"/>				
		Bathroom/ensuite	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Floor	<input type="checkbox"/>				
		Bedroom	<input type="checkbox"/>	Dining room	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>				
		Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Door	<input type="checkbox"/>	Window	<input type="checkbox"/>	Stairs and steps	<input type="checkbox"/>		
		Office/rumpus	<input type="checkbox"/>	Loft/roof space	<input type="checkbox"/>	Fixtures and fittings	<input type="checkbox"/>	Walls	<input type="checkbox"/>				
		Bathroom/ensuite	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Floor	<input type="checkbox"/>				
		Bedroom	<input type="checkbox"/>	Dining room	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>				
		Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Door	<input type="checkbox"/>	Window	<input type="checkbox"/>	Stairs and steps	<input type="checkbox"/>		
		Office/rumpus	<input type="checkbox"/>	Loft/roof space	<input type="checkbox"/>	Fixtures and fittings	<input type="checkbox"/>	Walls	<input type="checkbox"/>				
		Bathroom/ensuite	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Cabinetry	<input type="checkbox"/>	Floor	<input type="checkbox"/>				
		Bedroom	<input type="checkbox"/>	Dining room	<input type="checkbox"/>	Ceiling	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>				
		Kitchen	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Door	<input type="checkbox"/>	Window	<input type="checkbox"/>	Stairs and steps	<input type="checkbox"/>		
		Office/rumpus	<input type="checkbox"/>	Loft/roof space	<input type="checkbox"/>	Fixtures and fittings	<input type="checkbox"/>	Walls	<input type="checkbox"/>				

# BODY CORPORATE - EXTERNAL COMPLAINT ITEMS

INTERNAL

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**Step 1.** Enter Item number and date. **Step 2.** Tick Location/Room and/or component. **Step 3.** Write a brief concise description of each item. **Step 4.** Add a reference for your photos if including them

ITEM NO.	DATE ITEM NOTICED	UNIT OR LOCATION	LOCATION OF ITEM				BRIEF DESCRIPTION	PHOTO REFERENCE	
1	12/10/15	Unit 2A	Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Pool <input type="checkbox"/>	Fire separating walls have not been constructed in accordance with Australian Standards.	Photo 2	
			Pump room, hydraulics Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>			
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input type="checkbox"/>	Stairs and steps <input checked="" type="checkbox"/>	Decks and patios <input type="checkbox"/>			Site drainage and storm water <input type="checkbox"/>
			Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Pool <input type="checkbox"/>			
			Pump room, hydraulics Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>			
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input type="checkbox"/>	Stairs and steps <input type="checkbox"/>	Decks and patios <input type="checkbox"/>	Site drainage and storm water <input type="checkbox"/>		
			Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Pool <input type="checkbox"/>			
			Pump room, hydraulics Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>			
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input type="checkbox"/>	Stairs and steps <input type="checkbox"/>	Decks and patios <input type="checkbox"/>	Site drainage and storm water <input type="checkbox"/>		
			Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Pool <input type="checkbox"/>			
			Pump room, hydraulics Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>			
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input type="checkbox"/>	Stairs and steps <input type="checkbox"/>	Decks and patios <input type="checkbox"/>	Site drainage and storm water <input type="checkbox"/>		



# BODY CORPORATE – INTERNAL COMPLAINT ITEMS

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**Step 1.** Enter Item number and date. **Step 2.** Select Room/Location. **Step 3.** Write a brief concise description of each item. **Step 4.** Add a reference for your photos if including them.

Only items listed in this table will be considered. List every item individually – even if they are included in a separate, attached report. Failing to do this will delay our assessment of your submission – you will have to repeat this step before we can progress your submission.

ITEM NO.	DATE ITEM NOTICED	UNIT OR LOCATION	LOCATION OF ITEM	BRIEF DESCRIPTION	PHOTO REFERENCE
1	12/10/18	Basement	Building systems Electrical (fire safety) <input type="checkbox"/> Stairs and steps <input type="checkbox"/> Escalators <input type="checkbox"/> Gymnasium <input type="checkbox"/> Building systems Hydraulic <input type="checkbox"/> Fire separating walls <input type="checkbox"/> Lifts <input type="checkbox"/> Hallways and corridors <input type="checkbox"/> Building systems HVAC (Aircon) <input type="checkbox"/> Communal space i.e. laundry <input type="checkbox"/> Glass and glazing <input type="checkbox"/> Shops, offices and amenities <input type="checkbox"/> Other <input type="checkbox"/> Carpark <input checked="" type="checkbox"/>	Concrete floor is cracked and lifting in two places.	Photo 1
			Building systems Electrical (fire safety) <input type="checkbox"/> Stairs and steps <input type="checkbox"/> Escalators <input type="checkbox"/> Gymnasium <input type="checkbox"/> Building systems Hydraulic <input type="checkbox"/> Fire separating walls <input type="checkbox"/> Lifts <input type="checkbox"/> Hallways and corridors <input type="checkbox"/> Building systems HVAC (Aircon) <input type="checkbox"/> Communal space i.e. laundry <input type="checkbox"/> Glass and glazing <input type="checkbox"/> Shops, offices and amenities <input type="checkbox"/> Other <input type="checkbox"/> Carpark <input type="checkbox"/>		
			Building systems Electrical (fire safety) <input type="checkbox"/> Stairs and steps <input type="checkbox"/> Escalators <input type="checkbox"/> Gymnasium <input type="checkbox"/> Building systems Hydraulic <input type="checkbox"/> Fire separating walls <input type="checkbox"/> Lifts <input type="checkbox"/> Hallways and corridors <input type="checkbox"/> Building systems HVAC (Aircon) <input type="checkbox"/> Communal space i.e. laundry <input type="checkbox"/> Glass and glazing <input type="checkbox"/> Shops, offices and amenities <input type="checkbox"/> Other <input type="checkbox"/> Carpark <input type="checkbox"/>		
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			Building systems Electrical (fire safety) <input type="checkbox"/> Stairs and steps <input type="checkbox"/> Escalators <input type="checkbox"/> Gymnasium <input type="checkbox"/> Building systems Hydraulic <input type="checkbox"/> Fire separating walls <input type="checkbox"/> Lifts <input type="checkbox"/> Hallways and corridors <input type="checkbox"/> Building systems HVAC (Aircon) <input type="checkbox"/> Communal space i.e. laundry <input type="checkbox"/> Glass and glazing <input type="checkbox"/> Shops, offices and amenities <input type="checkbox"/> Other <input type="checkbox"/> Carpark <input type="checkbox"/>		

# BODY CORPORATE – EXTERNAL COMPLAINT ITEMS

INTERNAL

EXTERNAL

BODY CORPORATE  
INTERNAL

BODY CORPORATE  
EXTERNAL

**Step 1.** Enter Item number and date. **Step 2.** Select Room/Location. **Step 3.** Write a brief concise description of each item. **Step 4.** Add a reference for your photos if including them.

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ITEM NO.	DATE ITEM NOTICED	UNIT OR LOCATION	LOCATION OF ITEM				BRIEF DESCRIPTION	PHOTO REFERENCE
1	12/10/18	Unit 2A	Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Decks and patios <input type="checkbox"/>	Fire separating walls have not been constructed in accordance with Australian Standards.	Photo 2
			Pump room, hydraulics, Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Pool <input type="checkbox"/>		
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input checked="" type="checkbox"/>	Stairs and steps <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>		
			Site drainage and storm water <input type="checkbox"/>	Other <input type="checkbox"/>				
			Building systems termite barriers, fire safety, alarm systems <input type="checkbox"/>	Building foundations <input type="checkbox"/>	Fences, walls and retaining walls <input type="checkbox"/>	Decks and patios <input type="checkbox"/>		
			Pump room, hydraulics, Fire safety <input type="checkbox"/>	Structures on property i.e. shade sails, sheds, carports <input type="checkbox"/>	Driveways and paths <input type="checkbox"/>	Pool <input type="checkbox"/>		
			External wall (building or dwelling) <input type="checkbox"/>	Fire separating walls <input type="checkbox"/>	Stairs and steps <input type="checkbox"/>	Roof and related structures i.e. guttering, soffits and eaves <input type="checkbox"/>		
			Site drainage and storm water <input type="checkbox"/>	Other <input type="checkbox"/>				
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			Site drainage and storm water <input type="checkbox"/>	Other <input type="checkbox"/>				
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			Site drainage and storm water <input type="checkbox"/>	Other <input type="checkbox"/>				