



Department of  
Building and Housing  
*Te Tari Kaupapa Whare*

*For office use only*

Complaint Received:	
Complaint Number:	

Building Practitioners Board  
PO Box 10 729, Wellington 6143  
86 Customhouse Quay, Wellington 6011  
Phone: 04-473 1586, Fax: 04- 494 0290  
Email: bpb@dbh.govt.nz

## Lodging a complaint about a Licensed Building Practitioner

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 of occurred.

### PART 1: Your details (the complainant)

**Please complete your personal details:**

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> 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: Where the work complained about was done (if applicable)

**Please provide details of where work complained about was done**

Street address: _____	
Suburb: _____	Town/City: _____
Are you the owner of this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
Licensed Building Practitioner number (if known) _____	





**NOTE: Attach copies of any evidential documents and/or photographs to support you complaint.**

**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