

Complaint against a non-licensed builder

Use this form if your allegation relates to restricted building work undertaken by a non-licensed builder. For help, call our helpline on **0800 606050** between 8.00 am and 5.00 pm Monday to Friday, or email **investigations@mbie.govt.nz**

The complaint about restricted building work undertaken by a non-licensed builder must relate to one or more of the following:

- a person has undertaken restricted building work without being licensed or supervised by a licensed person or;
- · a person held themselves out to hold a licence when they were not licensed or;
- a person engaged another person to carry out or supervise restricted building work and knew the other person
 was not licensed.

You can read about restricted building work (RBW) on the Building Performance website.

If your complaint does not meet the above criteria it cannot be investigated by the Ministry of Business, Innovation and Employment (MBIE).

Because an allegation may lead to a prosecution, all allegations must be received in writing and must contain sufficient information to conduct the investigation.

Please attach any supporting documentation you may have such as copies of quotes, invoices and job sheets. Please clearly label any photos that you submit.

PART A: YOUR DETAILS (you cannot make an anonymous complaint)					
Title (please tick one):	Mr Mrs Ms Miss				
Surname:		First names:			
Company name: (if applicable)					
Physical address:					
STREET NAME		SUBURB			
CITY		POSTCODE			
Mailing address (if different from above):					
Phone number:		Mobile:			
Email address:					



PART B: WHEN AND WHERE THE WORK COMPLAINED ABOUT WAS DONE (if applicable) Date(s) work undertaken: Physical address: STREET NAME SUBURB CITY POSTCODE Are you the owner of the property? (please tick one): Name of owner (if not yourself): Owner's phone number: Owner's email address: Territorial authority:

Owner's phone numb	owner's mobile:					
Owner's email addres	5:					
Territorial authority:						
Was a building conser	Was a building consent issued? Yes No Building consent number:					
Date building consent	was issued: DDMMYYY					
Has a Code Complianc	e Certificate (CCC) been issued? Yes No					
Was a record of work	Was a record of work issued? Yes (please attach) No					
PARI C: DEIA	AILS OF THE PERSON THIS ALLEGATION RELATES TO					
Title (please tick one):	Mr Mrs Ms Miss					
Surname:	First names:					
Company name: (if applicable)						
Physical address:						
STREET NAME	SUBURB					
CITY POSTCODE						
Mailing address (if different from above):						
Phone number:	Mobile:					
Email address:						

2

PART D: DETA	AILS OF THE ALLEGATIONS					
Set out all relevant d	etails including the work that was done	and your partic	ular concerns.			
Please include:						
a. the nature of the p	project: New structure Alterat	ion Extens	ion Addition			
b. the building work	that the person was engaged to carried or	ut				
c. how you came to e						
d. did the person tell	you the s/he was an LBP?					
e. evidence that s/he	e provided that indicated the s/he was an l	LBP				
f. the detail of any o	ther LBPs that were on site					
g. the details of othe	r LBPs on site					
h. any technical repo	orts you may have obtained					
i. labelled photos.						
A witness is anyone (was a party to any di	scussions relating to the alleged non-co	mpliance. Pleas	ed out, and/or the finished work and/or e provide details of further witnesses on			
Witness 1	aper if you have more than two witness	es.				
Title (please tick one):	Mr Mrs Ms Miss					
Surname:		First names:				
Company name: (if applicable)						
Role in project:						
Physical address:						
STREET NAME		SUBURB				
		JOBORD				
CITY		POSTCO	DE			
Mailing address (if diffe	erent from above):					

Mobile:

Phone number:

Email address:

3

Outline the points of note the witness observed in relation to your complaint:				
Witness 2	П., П., П., П.,			
Title (please tick one):	Mr Mrs Ms Miss			
Surname:		First nam	es:	
Company name: (if applicable)				
Role in project:				
Physical address:				
STREET NAME		S	UBURB	
CITY			OSTCODE	
			OSICODE	
Mailing address (if diffe	erent from above):			
Phone number:		Mobile:		
Email address:				
Outline the points of note the witness observed in relation to your complaint:				

PART F: DECLARATION

- 1. All information you provide will be subject to public release. If we (MBIE) receive a request for this material we will be required to consider its release, in whole or in part, in terms of the criteria set out in the Official Information Act 1982. The Official Information Act requires us to make the information available unless: (i) we consider that there is good reason, under the Act, to withhold the information; and(ii) that good reason outweighs the desirability, in the public interest, of making the information available. The grounds for withholding information are set out in the Official Information Act 1982.
- 2. Please advise MBIE if you have any objection to the release of any materials and, if you do object, the specific material that you would wish to be withheld, and the grounds for withholding. MBIE will carefully review any representations that you make in this regard in considering any requests that might be received for release of this material. You should note, however, that the decision to release rests with MBIE. Any decision to withhold information is subject to appeal to the Ombudsman.

Signed:	Date:	D D M M Y Y
Please print name:		

The completed form and attachments can be:

Emailed to: Sent to:

investigations@mbie.govt.nz

Occupational Licensing Team
Occupational Regulation
Market Integrity | Te Whakatairanga
Ministry of Business, Innovation
and Employment
PO Box 1473
Wellington 6140

Delivered to:

15 Stout St Wellington 6011

Privacy Notice

Any personal information submitted on this application will be kept and maintained by the Ministry of Business, Innovation and Employment in accordance with the New Zealand Privacy Act 2020. Personal information submitted will be used by the Ministry in connection with complaints and disciplinary processes. You may request access to see any information held about you and where that information is inaccurate, ask for it to be corrected.