



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 1: Your details (you cannot make an anonymous complaint) | | | | |
|---|--------------------------|--|--|--|
| Title: Mr Mrs Miss Ms | Surname: | | | |
| First names: | | | | |
| Company name (if applicable): | | | | |
| Street address: | | | | |
| Suburb: | Town/City: | | | |
| Postal address (if different from above): | | | | |
| Suburb: | Town/City: | | | |
| Daytime phone number: () | Mobile phone number: () | | | |
| Email address: | | | | |

| PART 2: When and where the work complained about wa | as done (if applicable) | | |
|--|----------------------------------|--|--|
| Date(s) work undertaken date/month/year – date/month/year: | | | |
| Street address: | | | |
| Suburb: | Town/City: | | |
| Are you the owner of this property? Yes O No | | | |
| Name of owner (if not yourself): | | | |
| Owner's daytime phone number: () | Owner's mobile phone number: () | | |
| Owner's email address: | | | |
| Territorial authority: | | | |
| Was a building consent issued? Yes No | Building consent number : | | |
| Date building consent was issued: | | | |
| Has a Code Compliance Certificate (CCC) been issued? Yes | ○ No ○ | | |
| Was a record of work issued? Yes (please attach) N | o () | | |
| | | | |
| Part 3: Details of the person this allegation relates to | | | |
| Title: Mr Mrs Miss Ms | Surname: | | |
| First names: | | | |
| Company name (if applicable): | | | |
| Street address: | | | |
| Suburb: | Town/City: | | |
| Postal address (if different from above): | | | |
| Suburb: | Town/City: | | |
| Daytime phone number: () | Mobile phone number: () | | |
| Email address: | | | |
| | | | |
| Part 4: Details of the allegation(s) | | | |
| Set out all relevant details including the work that was done and your particular concerns. | | | |
| Please include: a. the nature of the project: New structure Alteration Extension Addition | | | |
| a. the nature of the project: New structure Alteration Extension Addition b. the building work that the person was engaged to carried out | | | |
| c. how you came to engage the person | | | |
| d. did the person tell you the s/he was an LBP | | | |

| e. | evidence that s/he provided that indicated the s/he was an LBP |
|----|--|
| f. | the detail of any other LBPs that were on site |
| g. | the details of other LBPs on site |
| h. | any technical reports you may have obtained |
| i. | labelled photos |
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| Part 5: Witness(es) if any | | |
|---|---------------------|--|
| 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 1 | | |
| Title: Mr O Mrs O Miss O Ms O Surnar | me: | |
| First names: | | |
| Company name (if applicable): | | |
| Role in project: | | |
| Street address: | | |
| Suburb: Town/ | City: | |
| Postal address (if different from above): | | |
| Suburb: Town/ | City: | |
| Daytime phone number: () Mobile | e phone number: () | |
| Email address: | | |
| Outline the points of note the witness observed in relation to your complaint: | | |
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| Witness 2 | | | | |
|--|--|------------|--|--|
| Title: Mr | Mrs Miss Ms Surname: | | | |
| First names: | | | | |
| Company na | me (if applicable): | | | |
| Role in proje | ct: | | | |
| Street addres | 55: | | | |
| Suburb: | Town/City: | | | |
| Postal addres | ss (if different from above): | | | |
| Suburb: Town/City: | | | | |
| Daytime pho | ne number: () Mobile phone r | umber: () | | |
| Email addres | s: | | | |
| Outline the p | oints of note the witness observed in relation to your complai | nt: | | |
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| | 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 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 the Ministry 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. The Ministry 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 the Ministry. Any decision to withhold information is subject to appeal to the Ombudsman. | | | | |
| | | | | |
| Signature | | Date / / | | |

The completed form and attachments can be:

Emailed to:

investigations@mbie.govt.nz

Sent to:

Occupational Licensing Team
Consumer Protection and Standards
Ministry of Business, Innovation & 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 1993. 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.