# Home Building Complaint Form

ABN 81 913 830 179  
Please contact the Builder / Tradesperson about your complaint before you complete this form

## Your Details

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Phone - Daytime:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Preferred Phone Contact Time:</td>
<td>8:30am – 10:30am</td>
</tr>
</tbody>
</table>

| Email Address: |  |

## The Contractor’s Details

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Licence Number:</td>
<td>ABN:</td>
</tr>
</tbody>
</table>

## The Work

**Address where work has been undertaken (‘as above’ if same as your address)**

<table>
<thead>
<tr>
<th>Council Application Number</th>
<th>Name of Local Council</th>
</tr>
</thead>
</table>

**What work was done? (please provide a brief description eg, construction of a house, concrete driveway, erection of pergola, etc)**

<table>
<thead>
<tr>
<th>Did You...? Please tick one option and answer the questions in the column below</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Arrange to have the building work done? Please complete the questions below</td>
</tr>
</tbody>
</table>

**What is the value of the work under the agreement?** $  
**When did you buy the property?**  
**How much have you paid** $  
**Did you buy the property from an Owner-Builder?** YES  NO  
**Do you have a written contract?** YES  NO  N/A (If yes, please attach a copy)  
**If so, what is the Owner-Builder Permit number?**  
**When was the building work done?**  
**What is the date of your contract?**  
**When was the work completed?**  
**When did work commence?**  
**Do you have a Certificate for home warranty insurance or insurance under the Home Building Compensation Fund?** YES  NO  N/A  
**What date was the work completed?**  
**Is this property part of a Strata Scheme?** YES  NO
Do you have a Certificate for home warranty insurance or insurance under the Home Building Compensation Fund?
   YES  NO  N/A  (If yes, please attach a copy)

Are you an Owner-Builder?
   YES  NO

What is your Complaint About?
Please provide a brief outline of your dispute including a list of any items defective and/or incomplete. Additional pages may be attached if required.

Have you advised the Contractor in writing of the details of your complaint? If yes, attach the correspondence.

Have you discussed your complaint with the Contractor?
   What was their response to your complaint?

What outcome are you seeking?

Have you already:
   Lodged a claim with the NSW Civil and Administrative Tribunal (NCAT)?
   Yes  No  If yes, what is your reference number?
   Notified the insurer in writing of this complaint?
   Yes  No
   Lodged a claim with the insurer?
   Yes  No  If yes, what was the insurer’s response?

To enable us to better assist you, we need the following information (answers to all these questions are required):
   Which age group are you in? (required)
   <18  18-24  25-34  35-44
   45-54  55-64  >64
   Prefer not to answer
   Are you of Aboriginal or Torres Strait Islander origin? (required)
   No  Yes, Aboriginal  Yes, Torres Strait Islander
   Yes, both Aboriginal and Torres Strait Islander
   Prefer not to answer
   Do you have a disability or additional support needs? (required)
   Yes  No  Prefer not to answer
   Do you speak English as a second language? (required)
   Yes  No  Prefer not to answer
Are you a carer/advocate making a complaint on behalf of someone else? (required)
- Yes
- No
- Prefer not to answer

Were the products or services purchased through any of these funding schemes:
- NDIS
- My Aged Care
- Not Applicable

Declaration
I declare that the information supplied by me is to the best of my knowledge, true and correct. I acknowledge that NSW Fair Trading may:
- Use information provided or later obtained to resolve, investigate or otherwise deal with the complaint, take enforcement action (if appropriate), and monitor the marketplace for investigative and law enforcement purposes; or
- Where more appropriate, refer the complaint and that information to the other party or another government agency, for the purpose of resolving the complaint.

Signature: ______________________________ Date: / / 

This complaint form must be lodged together with -
- copies of plans and contracts
- copies of any correspondence between you and the contractor
- copy of certificate of home warranty insurance or insurance under Home Building Compensation Fund, if applicable
- copies of any available evidence, eg, photos, reports, etc.

and mailed to your nearest Fair Trading Centre. (see list attached)

Please DO NOT send ORIGINAL documents: if they are required, Fair Trading will request them.

NSW Fair Trading is always looking for ways to improve our customer experience. You may receive a survey after your matter is finalised inviting you to provide feedback on our services.

Fair Trading Dispute Resolution Centres
www.fairtrading.nsw.gov.au

Albury
PO Box 1210
ALBURY NSW 2640

Goulburn
PO Box 971
GOULBURN NSW 2580

Queanbeyan
PO Box 1464
QUEANBEYAN NSW 2620

Armidale
PO Box 641
ARMIDALE NSW 2350

Grafton
PO Box 362
GRAFTON NSW 2460

Tamworth
PO Box 1062
TAMWORTH NSW 2340

Bathurst
PO Box 22
BATHURST NSW 2795

Lismore
PO Box 83
LISMORE NSW 2480

Tweed Heads
PO Box 822
TWEED HEADS NSW 2485

Broken Hill
PO Box 786
BROKEN HILL NSW 2880

Newcastle
PO Box 2063
DANGAR (NEWCASTLE WEST) NSW 2309

Wagga Wagga
PO Box 623
WAGGA WAGGA NSW 2650

Coffs Harbour
PO Box 4089
COFFS HARBOUR JETTY NSW 2450

Orange
PO Box 2285
ORANGE NSW 2800

Wollongong
PO Box 5275
WOLLONGONG NSW 2520

Dubbo
PO Box 584
DUBBO NSW 2830

Parramatta
PO Box 972
PARRAMATTA NSW 2124

Gosford
Locked Bag 2906
CENTRAL COAST MC NSW 2252

Port Macquarie
PO Box 1747
PORT MACQUARIE 2444

Need more help?
If you require help in another language please contact the Telephone Interpreter Service on 13 14 50.
Our TTY phone for the hearing impaired is 133 677.