**Breach Reporting Form**

***Building and Construction Industry Security of Payment Act 1999***

Please provide as much information as you have in relation to the sections/questions below

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|  **Your Details**  |
| **Name (include company details):** |  |
| **Contact name:** |
| **Address:**  |  |
|  |
|  | **Postcode:** |
| **Phone:**  | **Office:**  | **Mobile:**  |
| **ACN/ABN:** |  |
| **Email Address:**  |  |  |
| **Your role (Principal/Subcontractor/Other – give details):** |  |
| **Important information to be provided** |
| 🞏Are you a Principal/Subcontractor/Other with information about a Head Contractor failing to supply a supporting statement with a payment claim relating to moneys due and payable, or🞏 Are you a Principal/Subcontractor with information about a false declaration and/or false or misleading information provided in a supporting statement by a Head Contractor relating to moneys due and payable? |

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|  **Head Contractor’s Details**  |
| **Name (include company details):**  |  |
| **Contact name:** |
| **Address:**  |  |
|  |
|  | **Postcode:** |
| **Phone:**  | **Office:**  | **Mobile:**  |
| **ABN:** |  |
| **Email Address:**  |  |

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|  **Principal/Client Details (if known)**  |
| **Name (include company details):**  |  |
| **Contact name:** |
| **Address:**  |  |
|  | **Postcode:** |
| **Phone:**  | **Office:**  | **Mobile:**  |
| **ABN:** |  |
| **The Work** |
| **Address where work has been undertaken:** |  |
| **Description of work or goods supplied:** |  |
| **Were you contracted directly with the Head Contractor?** | **🞏 No 🞏 Yes****Date:** | **Contract identifier/number** |  |
| **Are you aware of any other subcontractors or suppliers who have not been paid for work conducted on this project?****(Please provide contact details)** |  |

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| **Please provide an outline of your complaint.** **(Additional pages may be attached if required)** |

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| **Are you prepared to give evidence in a court in relation to your complaint?** | **🞏 Yes 🞏 No** |

The personal information that you provide on or with this form will be stored and handled in accordance with the Privacy and Personal Information Protection Act 1998.

I declare that the information supplied by me is to the best of my knowledge, true and correct.

**Signature: Date: / /**

**This Breach Reporting Form, together with copies of any available supporting documents must be lodged by mail to:**

 **NSW Fair Trading,**

**Security of Payment Branch,**

**PO Box 972**

**Parramatta NSW 2124**

**or emailed to:** **SecurityofPayment@customerservice.nsw.gov.au**