**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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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? | | | | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | | | |  | | | |

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

|  |  |
| --- | --- |
| **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**](mailto:SecurityofPayment@customerservice.nsw.gov.au)