



Master Builders Association

New South Wales

COMPLAINT FORM

COMPLAINT IN REFERENCE TO:

Indicate <input checked="" type="checkbox"/>	<input type="checkbox"/> MBA Member	<input type="checkbox"/> Licensed Builder/Trade Contractor
<input type="checkbox"/> MBA Accredited Consultant	<input type="checkbox"/> Other	

Office use only

How did you identify the respondent as an MBA Member:

MBA Logo MBA Contract Licence Holder

Other *please detail*

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PARTICULARS OF COMPLAINANT

(Person making the Complaint)

Name:

Postal Address:

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Telephone: Home..... Fax:.....

Business

I acknowledge that the matters raised on this form will be passed onto the builder/contractor for a response.

Signature of Complainant:

Date:

KNOWN PARTICULARS OF RESPONDENT

(Person to whom the complaint relates)

Name:

Postal Address:.....

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Telephone: (Home)..... Fax:

(Business)

Licence Number:

Expiry Date:

PARTICULARS OF AGREEMENT/CONTRACT

Was agreement/contract in writing: Yes No

Type of Contract: MBA DFT HIA Other

Date of Agreement/Contract:.....

Contract Price: \$

Amount Paid: \$

MBA ACCREDITED CONSULTANTS

If Agreement/Contract relates to Pre-Purchase Report or any other Report of an MBA Accredited Consultant, was a written copy made available to the Complainant:

Yes No

Was the MBA Accredited Consultant engaged as a result of a referral from the MBA:

Yes No

Were other names or referrals provided: Yes No

ATTEMPT AT RESOLUTION

Have your grievances been communicated to the Respondent: Yes No

Was there a response: Yes No

If Yes, state particulars of response :

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Is any legal action pending or been issued in respect of this matter with a court or tribunal:

Yes No

If Yes, state particulars:

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Has advice been sought or been made to NSW Fair Trading: Yes No

If Yes, what was the advice:

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DETAILS OF COMPLAINTS

Please provide details of the complaint or allegation. Attach additional sheet if necessary.

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OFFICE USE ONLY

Date of Receipt	Date Submitted to
		Complaints Committee	
Copy to Executive	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature of Recipient
Director			
Date of 1 st review	Date of 2 nd review
Date of 3 rd review	Date of 4 th review
Complaint Determined:		Committee Chairman