

Master Plumbers, Gasfitters and Drainlayers NZ Inc
P. O. Box 6606
Marion Square
Wellington 6141
Ground Floor
119 Ghuznee Street
Wellington 6011
Freephone: 0800 502 102
Freefax: 0800 762 438



For Office Use Only	
Complaint Received	
Complaint Number	

Form for Complaint about a current member of Master Plumbers, Gasfitters and Drainlayers NZ Inc

This form is to be used to make a complaint about the conduct of a current member of Master Plumbers, Gasfitters and Drainlayers NZ Inc (the Society) in the following circumstances:

- Under the Master Guarantee Part A Advance Payment Protection or Part B Workmanship Cover;**and**
- Requesting assistance under the Complaints Investigation Service in respect of substandard work

Part 1: Your details (the complainant)

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>
Surname:								
First Names:								
Street Address:								
Phone:		Fax:		Mobile:				
Email:								

PART 2: Details of Society's Member Being Complained About

Name of company or sole trader:								
Street Address:								
Phone:		Fax:		Mobile:				
Email:								

PART 3: Classification of Complaint

Please tick the appropriate box below:

Advance Payment Protection
(Please complete Part 4)

Workmanship
(Please complete Part 5)

PART 4: ADVANCE PAYMENT PROTECTION ¹

Only complete this part of the form if you are claiming under the Advance Payment Protection provision of the Master Guarantee.

Is the claim in respect of the Master Plumber Member's:	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Liquidation
Have you filed a creditor's claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received the distribution to creditors advice issued by the bankruptcy administrator or the liquidator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: It is a condition of the Guarantee that the consumer must have filed a creditor's claim and has received a distribution to creditors' advice from the bankruptcy administrator or the liquidator. Please attach copies of these to this form.

Details of Claim:

Does the advance payment cover (tick the appropriate box or boxes)

<input type="checkbox"/> Labour	<input type="checkbox"/> Materials	<input type="checkbox"/> Products
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Please detail what the advance payments were for and what work has already been completed:

¹ All claims under this provision of the Master Guarantee are subject to verification by the Society of bankruptcy or liquidation with the Ministry of Economic Development.

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What is the value of the incomplete work for which you have prepaid the contractor?

\$

Please split this total value into the following categories:

Labour	\$
Materials	\$

OR where the split between labour and materials is not known

Labour & Materials Combined	\$
Products	\$
Total Value	\$

When was the invoice for this work dated?²

Day	Month	Year
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When was the advance payment made, and a receipt received?

Day	Month	Year
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² For a claim to be valid it must be made within 12 months of the date of the invoice.

If not with the member, please state the name and contact details you have/had the contract with.

Name of company or sole trader:			
Street Address:			
Phone:		Fax:	Mobile:
Email:			

Has the work been completed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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When was the work invoiced?

Day	Month	Year
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Was the work undertaken:

<input type="checkbox"/> Quoted	<input type="checkbox"/> Estimated	<input type="checkbox"/> Charge-up
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If quoted, do you have it in writing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please attach a copy.

Has a consent been taken out for this work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Has a Code Compliance Certificate been issued for this work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Are there any major reasons why you would not allow the member back on your site to carry out any remedial work (note this is the recommended option).

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please give the reason below:

Has this complaint been referred to the Disputes Tribunal or a Court?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART 6: Fees

Please attach payment of the appropriate fee³

Payment Method:

Please pay by one of the following methods:

- Cheque (payable to Master Plumbers, Gasfitters & Drainlayers NZ Inc)
- Credit Card (Visa or Mastercard only)

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Name on Card: _____

³The fee payable for a claim under Part 4 of this form is \$50 inclusive of GST. Under Part 5 of this form the fee is \$250 inclusive of GST, but where a complaint is subsequently determined by the Society to come under the Master Guarantee and is upheld, the sum of \$200 inclusive of GST is refunded.

PART 7: Declaration

I agree to all documentation relating to this complaint being released to all parties involved and declare that the information I have supplied in this form is true and correct.

Complainant's Name: _____

Complainant's Signature: _____

Date: _____

**Send this form to:
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P. O. Box 6606
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