

**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 <sup>1</sup>**

**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:


<sup>1</sup> 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?

\$
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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?<sup>2</sup>

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

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

**Net Value of Claim:**

*Claims under this part of the Master Guarantee are net of any payments received from the bankruptee or liquidator.*

Amount of Advance Payment (copy from previous page)	\$
<b>Less</b>	
Payments received from the Member's insolvency administrator	\$
<b>Less</b>	
Payments from any other sources (please specify in space below)	\$
Total Deductions	\$
<b>Net Value of Claim</b>	<b>\$</b>

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**PART 5: WORKMANSHIP**

*Complete this part of the form if you are complaining about the standard of workmanship.*

**Complaint Details**

Nature of Complaint

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Nature of Complaint continued....

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**Note: Attach copies of any evidential documents e.g. contract, written quote and/or photographs to support your complaint**

Name and location of **residential** site where work was carried out:


Work Description

<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
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Activity

<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gasfitting	<input type="checkbox"/> Drainage	<input type="checkbox"/> Combination
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Was the contract direct with the Member?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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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Have you paid the member in accordance with the terms & conditions of the contract/quote?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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If no please advise what payment has been withheld and why

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What is the total sum quoted for the contract and how much have you paid?

Total value of contract	\$
Amount paid	\$

Have you made every attempt to resolve this complaint with the member?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please detail the steps you have taken to resolve the complaint:

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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:

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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 fee<sup>3</sup>

### **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:      \_\_\_\_\_

<sup>3</sup>The 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:  
Master Plumbers, Gasfitters and Drainlayers NZ Inc  
P. O. Box 6606  
Marion Square  
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