

Electrical Workers Registration Board, 86 Customhouse Quay  
PO Box 10-156, Wellington 6036, New Zealand  
Phone 04-472 3636 Fax 04-473 2395 Freephone 0800 66 1000

Dear Registrar

I wish to lodge a complaint against  Mr  Mrs  Miss  Ms \_\_\_\_\_

I believe this person has carried out or has caused to be carried out electrical work which does not meet the requirements of the Electricity Act 1992. The details are below.

## NOTE: ONCE A COMPLAINT HAS BEEN LODGED WITH THE REGISTRAR IT CAN NOT BE WITHDRAWN

1. All information you provide will be among the information we hold which is subject to public release under the Official Information Act 1982. If we (the Ministry) receive a request for this material we will be required to consider its release, in whole or in part, in terms of the criteria set out in the Act. The Act requires us to make the information available unless: (i) we consider that there is a good reason, under the act, to withhold the information; and (ii) that good reason outweighs the desirability, in the public interest, of making the information available. The grounds for withholding information are set out in the Official Information Act.

2. Please advise the Registrar if you have any objections to the release of any materials and, if you do object, the specific material that you would wish withheld, and the grounds for withholding. The Ministry will carefully review any representations that you make in this regard in considering any requests that might be received for release of this material. You should note, however, that the decision to release rests with the Ministry. Any decision to withhold information is subject to appeal to the Ombudsman.

## PART 1: Details of the person complained about

Family name: \_\_\_\_\_ First names: \_\_\_\_\_

Company name: \_\_\_\_\_

Street Address:  Home: \_\_\_\_\_  
 Work: \_\_\_\_\_

Postal Address, *If different from above* \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Did you sight this persons Practising Licence?

Yes  No Registration No. if known: \_\_\_\_\_

## PART 2 The work complained about was done at

Street address of property \_\_\_\_\_

Owner  Occupation of property:  Mr  Mrs  Miss  Ms

Contact person, *for property if other than above*: \_\_\_\_\_

Postal address of contact person: \_\_\_\_\_

Telephone

Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_





**PART 6: Witness(es), If any**

**NOTE: A witness is anyone (other than yourself) who observed the work being carried out, and/or the finished work and/or was a party to any discussions relating to the alleged non compliance. If there was more than one witness, please use more paper to give their details.**

Title: Tick one  Mr  Mrs  Miss  Ms

Family name: \_\_\_\_\_ First names: \_\_\_\_\_

Street address:  Home: \_\_\_\_\_

Work: \_\_\_\_\_

Postal Address, if different from above: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 7: Who realised the work was unsatisfactory, if it was not yourself**

Who first realised the work was unsatisfactory, please give their details below.

Title: Tick one  Mr  Mrs  Miss  Ms

Family name: \_\_\_\_\_ First names: \_\_\_\_\_

Street address:  Home: \_\_\_\_\_

Work: \_\_\_\_\_

Postal Address, if different from above: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 8: Your details**

Title: Tick one  Mr  Mrs  Miss  Ms

Family name: \_\_\_\_\_ First names: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address, if different from above: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to all documentation relating to this complaint being released to all parties involved.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_