

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NOTE: ONCE A COMPLAINT HAS BEEN LODGED WITH THE REGISTRAR IT CAN NOT BE WITHDRAWN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