

Complaint form Independent Qualified Persons (IQP)

You must use this form to make a complaint to the Wellington City Council IQP registration panel about the conduct of an IQP. Your complaint must relate to a person who is a current IQP. The status of an IQP can be checked at bwof.wellington.govt.nz

Send your completed form to

Post: Wellington City Council IQP Register
PO Box 2199
Wellington 6140

Email: BWof@wcc.govt.nz

Hand deliver: Level 16
113 The Terrace
Wellington

Your details

Title:	
First name:	Surname:
Company name:	
Street address:	
Suburb:	
Town/city:	Postcode:
Phone:	Mobile:
Email:	

IQP details (enter only what you know)

Title:	
First name:	Surname:
Company name:	
Street address:	
Suburb:	
Town/city:	Postcode:
Phone:	IQP number:
Email:	

Details of complaint

Dates of relevant incidents/work undertaken:

Street address:

Suburb:

Town/city:

Postcode:

Are you the owner of this property?

Name of owner (*if not you*):

Owner's phone number:

Owner's email:

Describe what this complaint is regarding (*Please provide as much detail as possible, including dates*):

Evidence in support of this complaint (*Please detail any evidence you can provide to support the complaint*):

Steps taken to resolve the complaint (*Describe any steps you have taken to resolve the complaint*):

Please indicate your preferred outcome:

Witnesses (if any)

Title:	
First name:	Surname:
Company name:	
Street address:	
Suburb:	
Town/city:	Postcode:
Phone:	Mobile:
Email:	

Outline what the witness observed in relation to this complaint:

Note: A witness is anyone (other than yourself) who observed the inspection being carried out, and/or the finished inspection and/or was party to any discussions relating to the alleged non-compliance.

Please provide details of further witnesses on a separate piece of paper if you have more than one witness.

Declaration

I agree to all documentation I have provided relating to this complaint being held in confidence by Wellington City Council. Should Wellington City Council need to share any personal information, this will only be done with express permission from me. I declare that the information I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to provide false or misleading information.

Signature:	Date:
------------	-------

Please note

Complaints may lead to an IQP being withdrawn from the Wellington City Council IQP register but Wellington City Council cannot award compensation or reparation.

Your complaint must be in writing and provide enough information to enable the complaint to be investigated. Anonymous complaints cannot be investigated.

A description of this complaint, excluding complainant personal details will be released to all parties involved in the complaint and the respondent will be invited to provide evidence to support their position.