



Completing this form

- Use BLACK pen only
Print clearly in BLOCK LETTERS
DO NOT use correction fluid - any amendments should be crossed out and initialled

PLEASE NOTE: This form is for a person in the chain of responsibility (e.g. product designer / manufacturer / importer / supplier / installer) for a building product who becomes aware, or reasonably suspects, that the building product is a non-conforming building product for an intended use...

Return your fully-completed form and ALL required documents by
- email to: ncbp@qbcc.qld.gov.au
- in person: QBCC Queensland service centres are listed on our website.
- post: GPO Box 5099 Brisbane QLD 4001

1. YOUR DETAILS

Please select title Mr Mrs Miss Ms Other

Form fields for Surname, First names, Address, Postcode, Home ph, Alt. ph, Mobile, Fax, Email, Contact person

PRIVACY NOTICE: The QBCC is collecting the information on this form to assist in the investigation of a suspected or known non-conforming building product and any notifiable incident that was or may have been caused by the use of the building product.

- the information may be used in taking disciplinary action and may indicate the origin of this notice
supporting evidence provided by you, including documents such as quotations, contracts, invoices etc may be provided to others
you may be requested to give evidence in Court
the information collected may be requested by other government agencies which have certain powers to request this information or disclosed by order of a court or tribunal of competent jurisdiction
all information held by the QBCC may be subject to application for access under the Right to Information Act 2009 (the Act).

Table with 2 rows: OFFICE ONLY, CRN, Licence No, Receipt Amount, Receipt No

6. ARE YOU AWARE OF A NOTIFIABLE INCIDENT THAT WAS OR MAY HAVE BEEN CAUSED BY THE USE OF THE NCBP?

A notifiable incident means—

(a) the death or serious injury or illness of a person; or

(b) an incident that exposes a person to a risk of serious injury or illness, such as the collapse or partial collapse of a building.

If yes, please provide details of the incident and why it was or may have been caused by the use of the NCBP. Please provide as much detail as possible. (e.g. The events that led to the incident. The work undertaken when the incident happened. The overall action, exposure or event that best describes the circumstances that resulted in the injury, illness, fatality or the dangerous event. The object, substance or circumstance which was directly involved in inflicting the injury, illness, fatality or the dangerous event. The name and type of any machinery, equipment or substance involved. Was anyone else involved?)

How many people were injured or how many fatalities?

Has the location been secured, and how?

What action has been taken to prevent any further risk?

7. OTHER HELP

Have you asked any other organisation for help? YES NO

If yes, which organisation was it?

If yes, what help have they given you? (use the space provided below)

8. DOCUMENTS PROVIDED WITH THIS NOTIFICATION

Please tick the documents (if any) that you have provided with this notification.

- | | |
|----------------------------------------------------------------------------------|------------------------------|
| Copy of contract | YES <input type="checkbox"/> |
| Copy of quotation | YES <input type="checkbox"/> |
| Copies of plans, specifications, manufacturer's product information etc. | YES <input type="checkbox"/> |
| Copies of any forms given or received for the work | YES <input type="checkbox"/> |
| Copies of invoices issued to you or by you | YES <input type="checkbox"/> |
| Copies of receipts | YES <input type="checkbox"/> |
| Copies of advertisements | YES <input type="checkbox"/> |
| Copy of business card or other documentation to help identify the relevant party | YES <input type="checkbox"/> |
| Copy of any correspondence between you and the relevant party | YES <input type="checkbox"/> |
| Copies of complaints made to other organisations | YES <input type="checkbox"/> |
| Photos of NCBP or building work | YES <input type="checkbox"/> |
| Other (please specify) | |
-
-
-

9. SIGNATURE

Please ensure you have completed all relevant fields and have included all relevant documentation and evidence. (If the QBCC is not provided with sufficient information your complaint may not be investigated and you will be notified accordingly.)

Please note, it is an offence under section 108C of the *Queensland Building and Construction Act 1991* to give the commission a document containing information the person knows is false or misleading. QBCC may exchange information under section 28B of the *Queensland Building and Construction Act 1991* with other agencies including information provided on this form.

I declare the information provided in this complaint, to the best of my/our knowledge, is true and correct.

Print name: Signature: Date: / /

IMPORTANT

Do not send original documents - the QBCC cannot return documents. Any documents provided by you will be destroyed in accordance with Principle 7 - Information Standard 40.

How will this information be used?

QBCC may, by written notice given to a person in the chain of responsibility for the building product, direct the person to take stated action within a stated period to remove or minimise safety risks

The QBCC may use the information provided in this notification for intelligence and administration purposes.