

INFORMATION ABOUT THIS FORM

The Adjudication Registry can only consider complaints in respect of the functions of an adjudicator, under the *Building Industry Fairness (Security of Payment) Act 2017*. If you are dissatisfied about an adjudication decision please seek independent legal advice.

PRIVACY NOTICE

The QBCC is collecting personal information on this form as authorised by the Act. This information will be used by the QBCC in processing your application and sent to the appointed adjudicator. The information in this application may be used by the QBCC for a compliance purpose. Adjudication decisions are published on the QBCC website in accordance with 154(e) of the Act. All information held by the QBCC may be subject to application for access under the Right to Information and Privacy legislation or as authorised or required by law.

For further information visit the Privacy Statement on the QBCC website.

COMPLETING THIS FORM

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

**Please complete all details of this application where applicable.
All items marked with an * asterisk must be completed before submitting**

Return your fully completed form and ALL required documents by:

Post: GPO Box 5099, Brisbane QLD 4001

in person: **QBCC Service Centres** are listed on our website

Email: registry@qbcc.qld.gov.au

1. COMPLAINANT DETAILS

*Name (Company/ individual)																						
*Contact name																						
*Postal address																						
*State			*Postcode																			
*Phone											*Mobile											
*Email																						
*Preferred method of correspondence																						
<input type="checkbox"/> Post		<input type="checkbox"/> Email		<input type="checkbox"/> Agent address		<input type="checkbox"/> Agent email																
*ABN											ACN											
QBCC Lic no.																						

2. COMPLAINANT AGENT DETAILS (if applicable)

*Name (Company/ individual)																					
*Contact name																					
*Postal address																					
*State			*Postcode																		
*Phone											*Mobile										
*Email																					

3. WHO IS THE COMPLAINT AGAINST?

*Adjudicator name

*Adjudicator registration number

Is there a adjudication application number? ☐ No ☐ Yes — application number

Details of the complaint*

In the space below, please summarise your complaint. If you wish to attach further documentation to this complaint form, please identify the annexure in the space provided.

4. DECLARATION

*I/we acknowledge that the complainant name, any relevant adjudication application details that may contain information regarding the claimant, respondent or construction site (if applicable) and the relevant adjudication application number may be provided to the Adjudicator.

*I/We declare the information provided in this complaint is correct to the best of my/our knowledge.

*Claimant name/representative/agent

*Signature

*Date / /