

TRUST ACCOUNTS

FORM TA6 – TRUST ACCOUNT COMPLAINT FORM

EFFECTIVE JUNE 2024

When to use this form

Use this form to notify the QBCC of a suspected breach of the project trust and/or retention trust requirements.

Note: While all complaints are carefully considered by the QBCC, we cannot pursue them all. To make the best use of our resources and increase benefits to the public, we target areas where there is evidence or where there may be public interest. Please refer to the Trust Account Regulatory Guide for further information.

Additionally, this form is to be used by:

- contracting parties to notify the QBCC of a contracted party's failure to establish a project trust.
- auditors engaged by a trustee, to notify the QBCC of serious breaches in relation to a trust account. Notification must be given within **5 business days** of forming the belief that a breach has occurred.

Is there a time limit for making a complaint?

BIF Act offences

Any legal proceedings taken in relation to an offence must be commenced within one year from the date the complainant first become aware of the offence, but no later than two years after the offence was committed.

This form should be submitted to the QBCC as soon as possible after becoming aware of a potential offence.

What if the QBCC cannot investigate the complaint?

The QBCC cannot pursue all the complaints it receives. Your complaint will be carefully considered however it may not be investigated. If the QBCC does not investigate you may still have civil rights you can pursue. You should seek legal advice in relation to any civil remedies. If the QBCC does investigate and take action, we may use a range of remedies which include education, advice, warnings, fines, demerit points, conditions on the licence, public warnings, injunctions, disciplinary action or prosecutions.

Can a person submit a complaint anonymously?

We value the information you provide about trust account and payment offences but have limited capacity to progress anonymous or unsubstantiated claims. Please provide all of your details so that we may contact you about the investigation. We may require more information to investigate a complaint so it is important that we are able to contact you. In some cases where a prosecution is commenced it is vital to obtain a statement from you.

Failing to notify QBCC of a trust account or providing false or misleading information to the QBCC about a trust account are both serious offences and can result in a fine or imprisonment.

APPLICABLE LEGISLATION

General complaints in relation to a trust account and notifications made under sections 24A and 57C of the *Building Industry Fairness (Security of Payment) Act 2017*.

PRIVACY NOTICE

The QBCC is collecting personal information on this form to regulate trust accounts. This is authorised by the *Building Industry Fairness (Security of Payment) Act 2017* (BIF Act).

The QBCC must keep a register of trust accounts. The QBCC may publish information about trust accounts as determined by the Commissioner and may report statistics to other agencies. The QBCC Privacy Policy contains full use and disclosure details.

All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* or the *Privacy Act 2009*.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – cross out and initial amendments.

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 qbcc.qld.gov.au

1. YOUR DETAILS

Do you have a QBCC licence?

Yes

Enter number

No

Are you completing this form as an individual or on behalf of a company or an organisation?

An individual

☐

Name

Postal address

Suburb

Postcode

State

Phone

Email

A company or an
organisation

☐

Company/
organisation name

Your position

ABN

ACN

Business address

Suburb

Postcode

State

Phone

Email

2. WHAT IS YOUR RELATIONSHIP TO THE TRUST

I am the:

Trustee

Beneficiary

Principal / owner / developer

Auditor

Other

3. WHO IS THE COMPLAINT AGAINST?

What is the person's relationship to the trust?

Trustee

Other — please describe the role

Are they an individual or a company/organisation?

Individual — enter individual's name

Company/organisation — enter company/organisation's name

Does the entity have a QBCC licence?

Yes

Enter number

No or unknown — enter as many details below as are known to you

ABN

ACN

Business address

Suburb

State

Postcode

Phone

Email

4. NATURE OF COMPLAINT

Trust account not opened

Payment not made to/from trust account

Improper withdrawal from trust account/account overdrawn

Information—notification about trust account not given

Auditor notification of breach—date you identified the breach?

D D M M Y Y Y Y
/ /

Other— please specify

5. TRUST ACCOUNT / TRUST CONTRACT DETAILS

Can you provide trust account details for the complaint?

Yes *Complete the following:*

Account type

Project trust
account

Retention trust
account

Account name

Name of
financial
institution

BSB

Account number

No

Enter as many details below as are known to you:

Contracting
party

Contracted
party

D D M M Y Y Y Y
 / /

Contract date

Contract value
(ex GST)

Project
description

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone

Email

If the project relates to multiple sites, check this box and enter remaining site details on page 6

6. FURTHER INFORMATION

Note: Please give a description of your complaint. This will assist the QBCC to understand the complaint and what offences may have occurred. Attach any additional document if there is insufficient space.

7. SUPPORTING DOCUMENTS

Copy of contract

Copy of invoices, payment claims and or payment schedules

Copy of correspondence – communications – notices

Copy of bank statements and/or other financial documents

Other – please specify



WARNING: Do not send original documents – the QBCC cannot return documents

8. DECLARATION

The information I have provided in this form is, to the best of my knowledge, true and accurate.

I have read and understood the Privacy Notice on page two of this form.

Full name of
person making
declaration

Signature

Date

D D M M Y Y Y Y
/ /

9. ADDITIONAL SITE ADDRESS DETAILS

If the project relates to multiple sites, please enter the remaining site addresses below.

SITE ADDRESS 1

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone

SITE ADDRESS 2

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone

SITE ADDRESS 3

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone

SITE ADDRESS 4

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone

SITE ADDRESS 5

Lot on plan
(if known)

Site address

Suburb

State

Postcode

Phone