

ELECTRICAL INSTALLATION COMPLAINT

The form below is to be completed to file a complaint concerning the standard of workmanship of a Safe Electric Registered Electrical Contractor.

Safe Electric is concerned solely with the safety and technical standard (i.e. compliance with the National Wiring Rules for Electrical Installations current edition) of electrical works carried out by Registered Electrical Contractors.

Note: If Safe Electric receives a complaint which falls outside the scope as detailed above, Safe Electric will advise the complainant of its role and the scope of its role with respect to complaints and the fact that it is not legally entitled to deal with any complaint which falls outside the scope.

By submitting this form you agree that:

- **the Electrical Contractor will be present at any inspection carried out by the Safe Electric Inspector**
- **you will allow reasonable access for the Electrical Contractor to carry out any necessary remedial work.**

***Mandatory field**

Name of Registered Electrical Contractor*:

Address of Registered Electrical Contractor:

Registration Number:

Address of Electrical Installation*:

MPRN Number:

Type of Electrical Installation:

- | | | | |
|-------------|--------------------------|--------------------|--------------------------|
| a) New | <input type="checkbox"/> | d) Alteration | <input type="checkbox"/> |
| b) Re-wire | <input type="checkbox"/> | e) Other (specify) | <input type="checkbox"/> |
| c) Addition | <input type="checkbox"/> | | |

If "Other" selected above please specify:

Sector:

- | | | | |
|---------------|--------------------------|--------------------|--------------------------|
| a) Domestic | <input type="checkbox"/> | d) Farm | <input type="checkbox"/> |
| b) Commercial | <input type="checkbox"/> | e) Other (specify) | <input type="checkbox"/> |
| c) Industrial | <input type="checkbox"/> | | |

If "Other" selected above please specify:

Has the Electrical Installation work been completed*?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Date of Completion of Work*:

Was a Completion Certificate issued:

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If so, what is the Certificate Number?

Has any other Electrical Contractor worked on your Electrical Installation in relation to this Complaint*?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If "Yes" selected above, please specify:

Is the complaint subject of any impending litigation*?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If "Yes" selected above, please specify:

