

**Complaint Form**

Do not write in this space:

Date Received: Complaint

Number: Assigned to:

Date Resolved:

Please be advised that by filling in this complaint it may be necessary for you to appear at a formal hearing before the Nutrient Management Adviser Certification Programme Ltd or in a court.

The purpose of the Nutrient Management Adviser Certification Programme Ltd Complaints procedure is to handle disputes between clients and Certified Nutrient Management Advisers related to alleged breaches in professional practice or breaches of the Code of Ethics and Rules of Conduct. The intention is to minimise adviser and client dissatisfaction.

Complaints covered by this procedure may include, but are not limited to, an Adviser:

1. Not following the Code of Practice for Nutrient Management (which covers requirements of the Resource Management Act 1991);
2. Not following Regional Council compliance requirements;
3. Not keeping evidence to defend best practice advice;
4. Not visiting a farm;
5. Not spending sufficient time on a farm to collect the correct data;
6. Not verifying that the information collected is correct;
7. Entering the wrong default information into OVERSEER;
8. Not completing a nutrient budget for three (3) or more years;
9. Promoting products for which there is no evidence they are needed;
10. Not providing the farmer with a written report outlining the Nutrient Management Plan;
11. Producing a report that does not reflect what a farmer told the Adviser;
12. Obtaining NMACP certification by improper means;
13. Becoming unable to pay his or her debts or becomes bankrupt, insolvent or enters into a scheme or arrangement with creditors, or ceases or threatens to cease to carry on all or a material part of his or her business, or has a received appoint in respect of any or all of his or her assets; or
14. Bringing the NMACP into disrepute.

For items not covered above you should contact the adviser and his or her company of employment. The Consumer Guarantees Act may address your complaint or Small Claims Court may be able to assist.

Complete the following details:

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| **Your Information:** |
| First Name: | Last Name: |
| Mailing Address: | Physical address if different from postal: |
| Contact phone number: |  |

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| **Complaint Against:** |
| First Name: | Last Name: |
| Trading As/Employer: | Address: |
| Contact phone number: |

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| Contract Information: |
| Did you enter into a contract to have the services provided to you? | Yes | No | N/A |
| If “Yes” was the contract in writing or verbal: | Written | Verbal |  |
| Name of Individual or company you contracted with: |  |
| Date of contract: | Day:Month:Year: |

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| **Basis of Complaint:** |
| Provide a brief outline of the basis of the complaint: |
| The date the issue occurred: | Day:Month:Year: | N/A (please circle) |
| The date of your last consultation: | Day:Month:Year: | N/A (please circle) |

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| **Nature of Complaint:** |
| Provide a detailed but precise explanation of your complaint. Use the space below or attach a separate document clearly marked with your name, date and signature.Attach supporting documents including copies of contracts, warranties, nutrient management plans, inspection reports, correspondence etc. |
| What happened? |
| If applicable - which part of the Code of Practice for Nutrient Management, Code of Ethics and Rules of Conduct, or Regional Council compliance requirement was breached? |
| What was the outcome? |
| How did this outcome not meet your needs? |
| What action do you want taken? |
| Other details: |

I (first and last name) certify on this day

(day and month) (year) \_\_\_\_\_\_\_\_believe that the information contained herein is

true and correct to the best of my knowledge and I am prepared to verify this in court if warranted.

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| **Signature of Complainant:****Date:** |

**Send completed form to:**

**Nutrient Management Adviser Certification Programme Ltd**

**PO Box 11519**

**Manners Street Central**

**Wellington 6142**

Or email to: info@nmacertification.org.nz