



Noise Complaints

Date: _____ Complaint Number: _____
(Office Use Only)

Complainant's Details

Name: _____

Address: _____

Phone Number/s: _____

Complaint Information

Details of Complaint: _____

Source of Noise (address): _____

Occupier's Name (if known): _____

Time of day when noise occurs: _____

How often does the noise occur: _____

Additional information: _____

PLEASE COMPLETE THE RECORD OF NOISE DETAILS OVER THE PAGE

I, the undersigned, am willing to be called as a witness (if the need arises) in any legal prosecutions that are undertaken in relation to this noise complaint.

Signature of Complainant: _____

Environmental Health Officer: _____



Noise Complaints

Record of Noise

In order for the Shire's Environmental Health Service to take further action in relation to your noise complaint

it will be necessary for you to record the noise over a fourteen (14) day period

Complainant's Name: _____

Complainant's Address: _____

Phone Number/s: _____

Address of Noise Source: _____

Noise type: _____

Environmental Health Officer: _____

(Attach additional pages if necessary)

Date	Start Time	Finish Time	Duration	Initials	Description	Briefly explain how alleged noise nuisance affects you
Eg 12/3/13	11.30pm	1.30am	2 hours	MB	Eg stereo	Disturbed me from sleep

Please note:

1. This information is subject to *Freedom of Information Act (1992)*
2. Please be aware that public health issues need to be dealt with in order of priority.
3. Should legal action be necessary you may be required to give evidence in Court

Should you require further information please contact the responsible Officer listed above

Complainant's Signature _____ Date: _____