

## 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
<i>Eg 12/3/13</i>	<i>11.30pm</i>	<i>1.30am</i>	<i>2 hours</i>	<i>MB</i>	<i>Eg stereo</i>	<i>Disturbed me from sleep</i>

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: \_\_\_\_\_