

Complaint form Noise disturbance

Complainant Information

Name: _____ Date : _____

Address: _____

Telephone: _____ Cell: _____ Email address: _____

Do you consent to the release of this information? No Yes

Cause of disturbance

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Ventilation system |
| <input type="checkbox"/> Amplified music | <input type="checkbox"/> Radio/stereo | <input type="checkbox"/> Barking dog (please complete dog barking log) |
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Construction |

Details of Incident

Date: _____ Address/location: _____

Start: _____ a.m./p.m. Finish: _____ a.m./p.m. Duration: _____

Who/what: _____

Name (if known), description, vehicle make/model, licence number, other details

Please give further details about this and any other incidents on a separate sheet of paper.

Compared with normal conversation, the noise at the point of reception was:

- much louder louder about the same quieter much quieter

Are there other witnesses who can give evidence about this incident? Yes No

Please read and sign the following statement:

I, the undersigned, confirm as follows:

- this information is accurate to the best of my knowledge and belief
- the noise as described was disturbing to me
- **if it becomes necessary**, I am prepared to give evidence in court

Signed: _____ Date: _____