Noise Complaint Form

Please provide as much detail as possible, including a register of the Noise Complaint Log Sheet, to allow a thorough investigation to be conducted. All personal details will remain confidential. An Environmental HealthOfficer may need to contact you to confirm details of your complaint.

1. COMPLAINANT

Full name			
Postal address			
Residential address			
Home phone	Work phone	Mobile	
Email		Fax	

2. OCCUPIER'S DETAILS (IF KNOWN)

Full name			
Residential address			
Home phone	Work phone	Mobile	

3 . NATURE OF COMPLAINT

Nature of complaint			
Source of noise			
Time of day when nois			
How often does the pro-	oblem noise occur		
Further comments			

.....

Complainant Signature

Date / /

OFFICE USE ONLY					
Date Received					
Document No					
File	PH.10.4				
Officer					



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

- Koolama Street WYNDHAM
- T | 9168 4100
- F | 9168 1798

E | mail@swek.wa.gov.au W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Noise Complaint Log Sheet

The Shire of Wyndham East Kimberley is investigating your complaint in relation to noise. In order to verify your complaint, it is important that the type, nature and extent of noise is documented over a significant period. Please note the dates/times of occurrences and any relevant comments on this log



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Complainant Name:	
Complainant Address:	
Address of Noise Source	

You must complete the Log Sheet with noise disturbances you have experienced for 14 days and then return the completed lot to the Environmental Health Officer at the Shire of Wyndham East Kimberley, 20 Coolibah Drive Kununurra.

Please note the dates and times of the occurrences and any other relevant comments

Date	Start Time	End Time	Duration	Noise Type	Description of noise event
0/=/00/00					
e.g. 3/5/2018	09:00pm	09:30pm	30 mins	stereo	Could clearly hear lyrics to music even with doors closed

Declaration:

I (Name)						
of (Address)						
I declare that all information provided on this document is a true and accurate statement of events. I understand that an investigation may be commenced on the evidence that I have provided within this form.						
I also agree that the information provided on this form may be used as evidence in court at the Shire of Wyndham East Kimberley's discretion, and understand that the Shire may subpoena me into giving further evidence in a court of jurisdiction						
I am aware that the Shire is subject to the provisions of the Freedom of Information Act 1992						
Signature			Date			
				day	month	year
Printed Name						