



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 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 Health Officer 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 noise occurs			
How often does the problem noise occur			
Further comments			

.....
Complainant Signature Date / /

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

