# **Noise Complaint Form**

# Environmental Protection (Noise) Regulations 1997



### To be completed by complainant



How to submit

Fax this form to the Chief Executive Officer on 9727 0223

Hand-deliver it to the Chief Executive Officer at the Shire Administration building, Forrest Road, Capel

#### Section 1 - your details

Title	Given name(s)		Surname
Phone number		Email	
Address:			
Signature		Date	

NB complainant details will be kept confidential unless legal action is taken. By signing this form, you agree to provide witness statements if required for prosecution.

## Address where noise is coming from (exact address is required for the complaint to be investigated)

Type/source of noise

Time of day when noise occurs:

How often does the problem occur? (e.g., daily, once a week, month, year, once off)

Have you discussed the problem with the person making the noise?

#### Other relevant information

The complainant needs to fill out the Noise Complaint - Record Log below and submit it with this complaint form to info@capel.wa.gov.au



Please use this log sheet to record when you think unreasonable noise is being created. Observations should be carried out over a two week period.

Record Keeper / Complainant							
Name:							
Address:							
Phone:	Home:	Work:	Mobile:				
Email:							

Address of Noise Source								
Date	Time		Duration	Type of noise	Description			
e.g	Start	Finish						
12/02/2014	10.30pm	12.05pm	1 hr 15min	Stereo	Can clearly hear stereo music, in bedroom while trying to sleep			

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