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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