

Noise Nuisance Complaint Form

Complainants Details:

Surname		First Name	
Address			
Suburb		Post Code	
Phone		Mobile	
Exact Location of Noise			
What Type of Noise			
Have you spoken to the resident about the noise?		Yes / No	
Are you prepared to have this matter mediated?		Yes / No	

I, the undersigned, wish to make a complaint in relation to a noise at the above address and state that I am prepared to give evidence under oath before a Court should the complaint not be rectified by the attending Council Officer. I further understand that should it be found that I have given false or misleading information on this document I may be held accountable before a Court of Law.

Please complete over a minimum two (2) week period.

Day	Date	Time/s	Duration	Affect On Myself

Please continue log on reverse of form if required.

Complainants Signature:	
Date:	

This document is to be completed in full, signed and returned to the Surf Coast Shire to enable further investigation.

No action will be taken by Council Officers until they have received this completed and signed document

Privacy Statement: The Surf Coast Shire considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy Act, 2000. The information will not be disclosed to any other party unless Council is required to do so by law.



Day	Date	Time/s	Duration	Affect On Myself

Complainants Signature:	
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