

Noise Complaint Form

Environmental Protection (Noise) Regulations 1997

Date:

Complainant's Details

Name:

Address:

.....

Contact Telephone Numbers: H W:..... MOB:

Details of Person/s Responsible for Noise (If Known):

Name (s):

Check the item/s that apply: owner occupant builder agent other

Address:

.....

Contact Telephone No: (if known)

Nature of Complaint (why is the noise unreasonable?):

- | | | |
|---|---|--|
| <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Commercial refrigeration | <input type="checkbox"/> Equipment on residential premises |
| <input type="checkbox"/> Construction noise | <input type="checkbox"/> Amplified music | <input type="checkbox"/> Equipment on commercial premises |
| <input type="checkbox"/> Party noise | <input type="checkbox"/> Swimming Pool equipment | <input type="checkbox"/> Other |

Details:

Time when noise occurs:

Days/nights when noise occurs:

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Duration of noise:

Frequency/Length of Time:

Any action taken:

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Additional details:

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How does the noise affect your convenience/comfort/amenity?

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I understand that the above information is required to determine whether my noise complaint can be investigated under the Environmental Protection (Noise) Regulations, and that I may be called as witness in any court proceedings in relation to this noise complaint:

Signature of complainant:

Noise Log Sheet – Optional

To assist Health Services in their investigations please record in detail all noise occurrences for a period of 2 weeks.

Address of Noise source:

Date	Time	Duration	Type of Noise

Comments

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Complainant’s Signature: Date:

Complainant’s Name: