***City of Whitehorse***

***General Nuisance Complaint Form***

Complainants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact Location of Nuisance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of Nuisance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you spoken to the resident about the nuisance? Yes/No

Are you prepared to have this matter mediated? Yes/No

I, the undersigned, wish to make a complaint in relation to the nuisance 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.

Complainants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is to be completed in full, signed and returned to the City of Whitehorse to enable further investigation.

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

**Privacy Statement**: The personal information on this form is being collected by Council to enable the processing of a General Noise Complaint Form and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Council for that primary purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Council for access and/or amendments of the information.

***RECORD OF NOISE INCIDENTS - (2 WEEKS)***

Complainants Name & Address ........................................................................................

Property address where noise is emanating from:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME FIRST HEARD** | **TIME LAST HEARD** | **SOURCE OF NOISE** | **DESCRIPTION OF NOISE – eg loudness, tone, pitch** | **WHERE NOISE WAS HEARD eg Bedroom, Living room Backyard** | **AFFECT NOISE IS HAVING ON YOU eg sleep disturbance** | **NAME – WHO WAS AFFECTED BY THE NOISE** |
|  | **(Duration of Noise)** | |  |  |  |  |  |
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Date / /

Complainant’s Signatures: ..................................................................................***RECORD OF ODOUR/FUMES/SMOKE INCIDENTS - (2 WEEKS)***

Complainants Name & Address ........................................................................................

Property address where odour/fumes/smoke is emanating from:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME FIRST OBSERVED** | **TIME LAST OBSERVED** | **SOURCE OF NOISE** | **DESCRIPTION OF ODOUR /SMOKE / FUMES eg chemical, wood burning, petrol/fuel** | **WHERE ODOUR /SMOKE / FUMES WAS OBSERVED eg Bedroom, Living room Backyard** | **AFFECT ODOUR /SMOKE / FUMES IS HAVING ON YOU eg Breathing difficulties,** | **NAME – WHO WAS AFFECTED ODOUR /SMOKE / FUMES** |
|  | **(Duration)** | |  |  |  |  |  |
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Date / /

Complainant’s Signatures: ..................................................................................