



**NOISE COMPLAINT FORM**  
ENVIRONMENTAL PROTECTION (NOISE) REGULATIONS 1997  
(TO BE COMPLETED BY COMPLAINANT)

Complainant's name: \_\_\_\_\_

Complainant's address: \_\_\_\_\_

Phone number (H) \_\_\_\_\_ (M) \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of noise (Address): \_\_\_\_\_

Occupier's name (If known): \_\_\_\_\_

Time of day when noise occurs: \_\_\_\_\_

How often does the problem occur: \_\_\_\_\_

Record of Noise: A record of noise indicating the date, time and duration the noise occurs is provided to support my complaint.

Have you made attempts to resolve this matter?    Yes     No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

**Please Note:**

- (1) Your details will be kept confidential, however City of Gosnells is subject to the Freedom of Information Act, 1992.
- (2) While every effort will be made to resolve your request promptly, please understand that the City has limited resources and public health issues need to be dealt with in order of priority.
- (3) Should you require further information please contact the City's Health Services on 9397 3000.
- (4) A mediation service is provided by the Gosnells Community Legal Centre Inc 9398 1455.
- (5) If the form is not returned within 21 days, it will be assumed you do not wish to pursue this matter.
- (6) Should this matter be referred to Court for prosecution, you will be called as a witness.

I agree to all of the above.

**Complainant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed form to:

Health Services  
City of Gosnells  
PO Box 662  
GOSNELLS WA 6990