

Environmental Health Complaint Form

Shire of Donnybrook Balingup EHO.COM.V.23.1



Full Name:		
Residential Address:		
	Townsite:	Postcode:
Postal Address:		
	Townsite:	Postcode:
Email:	Phone:	

NB: Complainant details will be kept confidential unless legal action is taken. By signing below, you agree to provide witness statements if required for a prosecution.

COMPLAINT DETAILS:

Address of Complaint: <i>(exact address required)</i>		
	Townsite:	Postcode:

Please provide the details of your complaint:

How often does this complaint occur? (weekly, at night, etc.)
How long has this been occurring? (every week, once, etc.)
Is this complaint relating to noise? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the type/source of the noise?
If yes, when does the noise occur?
Have you contacted the person making the noise/source of the complaint? Please provide their name, the date you contacted them, and details of the occasion.

Other relevant information:

Signature:	Date:
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Please return the completed form to the Shire of Donnybrook Balingup. Upon the receipt of a completed complaint form, an Environmental Health Officer will investigate and advise you of the outcome. You may also be contacted to provide further information.



 (08) 9780 4200

 shire@donnybrook.wa.gov.au

 www.donnybrook-balingup.wa.gov.au

 PO Box 94, Donnybrook, 6239