Shire of Donnybrook Balingup Ranger & Emergency Services (February 2025)



TO BE COMPLETED BY THE PERSON MAKING THE STATEMENT				
Date of Incident:	Time of Incident:	🗆 N/A		
Please provide a description of the incident below:				

Please explain your reasoning for not wishing to proceed with this complaint below:

DECL	ARATION	
Ι,		(full legal name)
Of		(address)

## State the following:

I wish for no further action to be taken by the Shire of Donnybrook Balingup in relation to this matter. I do, however, request that the details of this incident be recorded for future reference.

I am satisfied with the process undertaken by the Shire of Donnybrook Balingup in relation to this matter, and I make this statement of my own free will.

Signature:		Date:	
Witness Name:			(Shire Ranger)
Signature:		Date:	
OFFICE USE ONL	Y		
Reference #		Date Processed/Received:	

🜐 www.donnybrook-balingup.wa.gov.au 🎦 shire@donnybrook.wa.gov.au