

ENVIRONMENTAL HEALTH – COMPLAINT FORM



Name:			
Residential Address:			
Suburb:		Post Code:	
Phone Number:		Email:	
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 the Complaint: (exact address is required)	
Provide details of the complaint:	
How often does the complaint occur? (e.g., daily, once a week, once a month, at night etc.)	
How long has the complaint been occurring? (e.g., week, month, year, once off)	
Is the complaint relating to Noise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the type/ source of noise?	
Time of day when the noise occurs?	
Have you contacted the person making the noise/ causing the source of the complaint? (Name of person, date, and details)	
Other relevant information:	

Signature: _____

Date: _____

Upon receipt of the complaint form, an Environmental Health Officer will investigate and advise of the outcome. You may also be contacted to provide further information.

Please return the completed form to the City of Bunbury Administration office at: 4 Stephen Street, Bunbury, mail to PO Box 21 Bunbury 6231 or email info@bunbury.wa.gov.au