Fraser Coast Development Pty Ltd ABN: 75 130 542 915 Level 2, 73 Northbourne Avenue Canberra ACT 2601



COMPLAINT FORM

| Name: | Date: | |
|--|---|--|
| | Time: | |
| Postal Address: | Phone: | |
| | | |
| Email: | Company Representative: | |
| Please tick preferred contact method | Complaint Receipt Number: | |
| □ E □ SMS □ PH □ Mail | | |
| Are you acting on behalf of the complainant? \square Y \square N | | |
| Relationship to the complainant: | | |
| *If you are making a complaint on behalf of someone else we may need to contact them to confirm details of the complaint | | |
| Complaint Type (please indicate the general type of incident, e.g. visual, traffic, TV/radio interference, farming interference) For noise – please complete the Noise Complaint Form: | | |
| Date and Time of Complaint: | | |
| | | |
| Complaint Location (if applicable, distance from project infrastructure): | | |
| | | |
| Weather Conditions and Operational Condit general conditions, during operation or const | tions (Temperature, wind direction and speed, truction of the wind farm): | |
| | | |
| Source of Weather Conditions (Web page, P | Personal weather station, Observation): | |
| Frequency of the Issue: | | |
| | | |

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| Source of the Issue (if known): | |
|---|--------------------------------------|
| | |
| | |
| | |
| Full Description of the Issue. How does this | affect you?: |
| | |
| | |
| | |
| | |
| | |
| Any Additional Information (Please include | your preferred outcome): |
| | |
| | |
| | |
| | |
| | |
| Attached Documents: | |
| | |
| | |
| | |
| | |
| Has this form been seen and approved by | |
| Has this form been seen and approved by both parties? | YES / NO |
| | |
| Signature of Complainant: | Signature of Company Representative: |
| | |
| | |