

NOISE COMPLAINT FORM

Name:

Date:

Time:

Postal Address:

Phone:

Email:

Company Representative:

Please tick preferred contact method

Complaint Receipt Number:

☐ E ☐ SMS ☐ PH ☐ Mail

Date and time of incident:

Complaint Location (if applicable, distance from project infrastructure):

Weather Conditions (Temperature, wind direction and speed, general conditions):

Source of weather condition information (Web page, Personal weather station, Observation):

How often is the noise heard?

What does it sound like? Any particular characteristics?

Can the noise be heard inside your residence?

Have you kept a noise diary? If yes, please attach copy

Full description of the issue. How does this affect you?:

Any Additional Information:

Attached Documents:

**Has this form been seen and approved by
both parties?**

YES / NO

Signature of Complainant:

Signature of RCWF Representative: