

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? ☐ Y ☐ 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 Conditions (Temperature, wind direction and speed, general conditions, during operation or construction of the wind farm):

Source of Weather Conditions (Web page, Personal weather station, Observation):

Frequency of the Issue:

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
both parties?**

YES / NO

Signature of Complainant:

Signature of Company Representative:
