

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:
