

Complainant's Details

Surname:

First Name:

Address:

Town:

State:

Postcode:

Phone:

W:

H:

M:

Email:

Nuisance Details

Location:

Description:

Impact on your health:

Have you spoken to the offender about this problem?

☐ Yes

☐ No

Are you prepared to have the matter mediated?

☐ Yes

☐ No

Have you attached any supportive documentation? (eg. medical certificate)

☐ Yes

☐ No

Further comments:

Date	Start Time	Finish Time	Duration (minutes)	Health Impacts

I, the undersigned, request that an Authorised Officer of Golden Plains Shire Council investigate the alleged nuisance, and I in doing so agree to assist Council with the investigation in relation to this complaint; and give evidence under oath before a Magistrates Court (in cases where complaints are not be resolved and Council chooses to pursue such action).

I understand that no further action will be taken by Council Officers unless they have received this completed and signed document. I also understand that by giving false or misleading information on this document is an offence and may result in prosecution.

Signature:

Date:

Name: