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8.00am - 4.00pm MON - FRI

Noise Complaint Form

Please provide as much detail as possible to allow a thorough investigation to be conducted. All personal details will remain confidential. An Environmental Health Officer may need to contact you to confirm details of your complaint. You will be advised of the outcome of your complaint as soon as possible.

1. COMPLAINANT

Full name					
Postal address					
Residential address					
Home phone		Work phone		Mobile	
Email				Fax	

2. OCCUPIER'S DETAILS (IF KNOWN)

Full name					
Residential address					
Home phone		Work phone		Mobile	

3 . NATURE OF COMPLAINT

Nature of complaint					
Source of noise					
Time of day when noise occurs					
How often does the problem noise occur					
Further comments					

Complainant Signature

Date / /

OFFICE USE ONLY

Date Received

Document No

File PH.10.4

Officer