**Record of noise incidents**

 **Complainant’s details**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed premises name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Date | Name of person taking record | Noise duration  | Source of noise | Description of noise: volume/pitch/tone | Intensity:loud/med/soft | Location where noise could be heard | How does the noise affect your health? |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time first heard | Time last heard |
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Complainant’s signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing I declare that the information contained in this log is true and correct and I acknowledge that enforcement action may be taken by Liquor Control Victoria as a result and that I am prepared to appear in court as a witness if required.

I further understand that by giving false or misleading information on this document, I may be held accountable before a court of law. Heavy penalties apply.