

BARKING NUISANCE COMPLAINT FORM

Contact Council if you have any specific enquiries regarding how to complete this form. Type or print clearly and select boxes where applicable.

PLEASE PRINT IN BLOCK LETTERS

COMPLAINANT DETAILS

It is necessary to supply us with a contact number

Applicant Name

Residential Address

Locality/Town

State

Postcode

Postal Address

Locality/Town

State

Postcode

Phone Number

Mobile Number

Email

OFFENDER DETAILS

Details of the person/people committing the alleged offence

Keeper of Animals Name

Address

Locality/Town

State

Postcode

DETAILS OF NUISANCE

Please put as much information in this section as possible so that Officers can get a clear understanding of the degree of the nuisance.

IT IS ESPECIALLY IMPORTANT TO INCLUDE THE TIMES THAT THE BARKING AFFECTS YOU.

What time does the barking cause a nuisance the most? (e.g. 4pm – 5pm most afternoons)

How does the barking affect you? (e.g. disrupt you watching television, prevents you holding a conversation)

How long has the nuisance existed?

Has contact been made with the keeper of the animals?

If so, has the keeper taken any action?

DESCRIPTION OF ANIMAL CAUSING THE NUISANCE

Name of Animal	Breed (Wolfhound, Bull Arab etc.)	Sex	Colour	Distinguishing Features (i.e. white chest)

WITNESS DETAILS	The witnesses must be from separate addresses in the vicinity of the nuisance and also be affected by nuisance. As a witness to this nuisance you must have read the contents of this complaint, observed the effects of this nuisance from your own address and not the address of the complainant.	
	Name	
WITNESS ONE	Address	
	Contact Phone	
	Signature	Date / /
	Name	
WITNESS TWO	Address	
	Contact Phone	
	Signature	Date / /
DECLARATION	IMPORTANT: Please consider the information provided on this form, as it may be used to support the enforcement of legislative requirements of the alleged offender. If the alleged offender disputes the complaint, they may have the right to have the matter heard before the Court. If this occurs, you will be required to supply evidence in person.	
	I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.	
	Signature	Date / /
Please note: This complaint form must be completed, signed and lodged with Council.		
PRIVACY NOTICE	Banana Shire Council is collecting your personal information to process your complaint. The information will not be disclosed to any other person or agency external to Council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i>	
OFFICE USE ONLY	Date Received:	Application Checked: YES NO
	Taken By:	
	FID8208	