

TRIM Reference: _____



HEALTH COMPLAINT

TO BE COMPLETED BY COMPLAINANT

Name: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Nature of Complaint: *Please tick appropriate box*

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Animals/Vermin | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Food | <input type="checkbox"/> Mould | <input type="checkbox"/> Odour |
| <input type="checkbox"/> Rubbish | <input type="checkbox"/> Noise (Noise Logs to be submitted) | |
| <input type="checkbox"/> Other, pls specify: | _____ | |

- Overgrown Grass - please contact The City's Infrastructure Services on (08) 9956 6600.
- Barking Dogs - please contact Ranger Services or complete a 'Barking Dog Diary'.
- Housing Authority House - please contact Housing Authority directly.

OFFICE USE

Complaint No: _____ Officer: _____



STATEMENT OF DETAILS

Address of
Complaint: _____

Day/Dates When Occurs:

Additional Information:

Complainant Initials: _____

COMPLAINANT DECLARATION

I the undersigned is willing to be called as witness (if the need arises) in any legal prosecutions that are undertaken in relation to this complaint.

Complainant Name: _____

Complainant
Signature: _____ Date: _____