



Nuisance Complaint Form

Please fill in this form and return it to your local Service Access Point. We will then investigate and tell you what we can do to help. If you need more space for your answers, please write them on a separate piece of paper and attach it to this form.

Your name: _____

Your address: _____

Your telephone number: _____

Your Email address: _____

Please say briefly what your complaint is about: _____

And the name and address of who it is about: _____

Have you talked to them about it? Yes No

If no, why? _____

If yes, what happened? _____

We expect you to talk to your neighbour before you ask us to step in. We cannot consider taking action if this has not been done, unless there are very good reasons why you cannot do this

Have you reported this problem before? Yes No

If yes, what date? _____

Are there any other witnesses to the event?

Yes No

If Yes, please give their name and address _____

Please sign this form _____

And date it _____

Thank You

For office use only

Record all details of visits / responses and action taken below:

Estate Officer dealing with case _____

Service Access Point _____