Formal Smoke Complaint Form



Complainant's Details	
First Name	Surname:
Address	
Email Address:	
Phone Number:	

Details of Person/s Responsible							
First Name		Surname:					
Please tick: Owner	Occupier	Builder	Agent	□ Other			
Address							
Email Address:							
Phone Number:							

Nature of Complaint

Signature:	Date:



To help the City's Health Services in their investigations please record in detail all smoke nuisance occurrences for a period of 2 - 3 weeks

Address of Smoke Complaint

Date	Time	Duration	Type of Smoke
Duto	Time	Buration	

Comments	
Commente	

Complainant's Name:

Signature:

Date:

Completed forms should be returned to health@wanneroo.wa.gov.au.

Postal Address Locked Bag 1 Wanneroo 6065

T (08) 9405 5000 **E** health@wanneroo.wa.gov.au