ODOUR/SMOKE COMPLAINT

This diary is for use by people who are experiencing impacts from odour/smoke.

The information you provide will help the City of Nedlands investigate and respond to your complaint.

It is important that you identify the odour source (property address) and accurately record the odour nuisance as it affects you, providing as much information as possible. This information can then be used to determine the nature of the odour and possibly identify a pattern of the times and days the odour typically occurs.

COMPLAINTANT DETAILS

Full name:	**Contact number:**
Address:	
Email:	
Postal address:	
Address of alleged source:	
Complaint summary:	

DECLARATION

1. **Your details will be kept confidential, however, the City of Nedlands is subject to the Freedom of Information Act 1992.**
2. **While every effort will be made to resolve your request promptly, the City has limited resources and public health issues are dealt with in order of priority.**
3. **Where legal proceedings are instigated you may be called as a witness.**
4. **If you obstruct or interfere with the investigation, do not to cooperate or reasonably assist during the investigation process, the investigation may be closed and any subsequent complaint may not be investigated by the City.**
5. **If the log form is not returned within 30 days, it will be assumed you do not wish to pursue this matter.**

Signature:	**Date:**

ODOUR LOG					
DAY	DATE	TIME		DURATION DESCRIPTION	IMPACT OF ALLEDGED ODOUR/SMOKE
		START	FINISH		
e. g	05/01/2012	10pm	12am	Character and strength of the odour/smoke, wind direction and strength	Makes me feel nauseous
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					