



Dust Complaint Report Form	Date:	Ref. No.
Complainant Name		
Complainant Address		
Complainant Telephone No.		
Time and Date of Complaint		
Time and Date of Dust		
Weather Conditions (e.g. dry, rain, fog, snow)		
Temperature (e.g. Very warm, warm, mild, cold or °C (if known))		
Wind Strength and Direction (e.g. light, steady, strong, gusting)		
Results of Latest Dust Monitoring		
Complainant's description of Dust (See guidance notes overleaf)		
Has complainant any other comments about the Dust Emission?		
Any other previous known complaints relating to installation (all aspects, not just dust)		
Any other relevant information		
Potential on-site sources that could give rise to dust complaint		



Operating conditions at the time offending dust emission occurred (e.g. waste loading/unloading)	
Action Taken:	
Final Outcome:	

Form Completed by		Signed	
		Date	

Approved by		Signed	
		Date	