

Complaint Report Form	
Date of making complaint:	Name and address of complainant:
Telephone number of complainant:	
Form completed by:	

Nature of complaint *delete as necessary	Noise / Vibration / Pests / Odour / Dust / Litter *
Date of complaint:	
Time of complaint:	
Location of where the complaint was detected, if not at above address:	
Weather conditions on date of complaint (i.e., dry, rain, fog, snow):	
Temperature on date of complaint (very warm, warm, mild, cold or degrees if known):	
Wind strength on date of complaint (none, light, steady, strong, gusting):	
Wind direction on date of complaint (eg from NE):	
Complainant's description of complaint: e.g.  ○ What does it smell like?	

<ul style="list-style-type: none"> <li>○ What does it sound like?</li> <li>○ What pests?</li> <li>○ Level of dust?</li> </ul>	
<ul style="list-style-type: none"> <li>○ Intensity (see below for odour):</li> </ul>	
<ul style="list-style-type: none"> <li>○ Duration (length of time):</li> </ul>	
<ul style="list-style-type: none"> <li>○ Constant or intermittent in this period:</li> </ul>	
<ul style="list-style-type: none"> <li>○ Does the complainant have any other comments about the complaint?</li> </ul>	
<p>Are there any other complaints relating to the facility, or to that location? (either previously or relating to the same exposure):</p>	
<p>Any other relevant information:</p>	
<p><b>INVESTIGATION - TO BE COMPLETED BY PERMIT HOLDER</b></p>	

<p>What was happening on site at the time the odour occurred?</p> <p>Check site diary regarding routine site inspections, details of abnormal working procedures, breakdown of machinery, accidents, incidents and non-conformances.</p>	
<p>What remedial measures have been undertaken to alleviate the complaint?</p> <p>Check site diary regarding actions taken to remediate the abnormal working conditions.</p>	
<p>Are mitigation procedures for abnormal operating conditions still in place?:</p> <p>For how long will abnormal mitigation procedures be in use?:</p>	

Has the complaint been resolved?		
Date of investigation:		
Investigation undertaken by:		
Actions taken:  <input type="checkbox"/> Ensure investigation undertaken within 5 days of receipt  <input type="checkbox"/> Send copy of investigation to complainant  <input type="checkbox"/> EA notification completed?		
Form completed by:	Date	Signed

**Intensity**

- |                    |                  |                          |
|--------------------|------------------|--------------------------|
| 0 No odour         | 3 Distinct odour | 5 Very strong odour      |
| 1 Very faint odour | 4 Strong odour   | 6 Extremely strong odour |
| 2 Faint odour      |                  |                          |