|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GSC LOGO as of August 2016 | | | | **COMPLAINT**  **DOG NOISE NUISANCE** | | | | | | |
|  | | | | | | | | | | |
| Name of complainant | | |  | | | | | | | |
| Residential address | | |  | | | | | | | |
| Town | | |  | | | | | | | |
| Postal address | | |  | | | | | | | |
| Town | | |  | | | | | Postcode | |  |
| Email | | |  | | | | | | | |
| Phone | | |  | | | Mobile |  | | | |
|  | | |  | | | | | | | |
| Dog/s, which I believe to be | | | |  | | | | | | |
|  | | | |  | | | | | | |
|  | | | | colour and breed of dog/s | | | | | | |
|  | | | |  | | | | | | |
| has / have created a nuisance as detailed on pages 3-4 of this complaint. | | | | | | | | | | |
|  | | | |  | | | | | | |
| I believe the dog/s belong to | | | |  | | | | | | |
|  | | | | owner’s name if known | | | | | | |
|  | | | |  | | | | | | |
| and is/are kept at | | | |  | | | | | | |
|  | | | | address where dog (dogs) is (are) kept | | | | | | |
|  | | | |  | | | | | | |
| Have you approached the dog/s owner and advised them of the nuisance being caused? | | | | | | | | | Yes  No | |
|  | | | | | | | | | | |
| Are the owners home when dog/s causing problem? | | | | | | | | | Yes  No | |
|  |  | | | | | | | | | |
| How does the owner react to the dog’s behaviour? | | | | |  | | | | | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | |
| Have you noticed a pattern with the barking or noticed something that may be setting dog/s off? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | |  | | | | | | | | |
| Other information | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  | | | | | | | | | | |
| Names and addresses | |  | | | | | | | | |
| of additional witnesses | |  | | | | | | | | |
|  | | | | | | | | | | |
| **Please complete and sign Notice of willingness to give evidence**  **statement on page 2 of this document** | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GSC LOGO as of August 2016 | | | | **Notice of willingness to give evidence** | | |
|  | | | | | | |
| **Given by (full name)** | | |  | | | |
| **Residential address** | | |  | | | |
| **Town** | | |  | | | |
| **Email** | | |  | | | |
| **Phone** | | |  | | **Mobile** |  |
|  | | | | | | |
| **Complaint type** | | | Dog noise nuisance | | | |
| **Other party** | | |  | | | |
| **Address** | | |  | | | |
|  | | | | | | |
| **I UNDERSTAND** that Gannawarra Shire Council has investigated my complaint and has found that there is a prima facie case and Council is prepared to issue a charge and summons as a result of the complaint I have made.  **I FURTHER UNDERSTAND** that it is essential in any prosecution of any charge and summons arising from my complaint that I am available and willing to give evidence in court and be cross examined if called upon to do so. | | | | | | |
|  | I understand that I may be required to attend court and give evidence on behalf of the prosecution and be cross-examined by the accused or their legal representative. **I am willing to do this.** | | | | | |
|  |  | | | | | |
|  | I understand that I may be required to attend court and give evidence on behalf of the prosecution and be cross-examined by the accused or their legal representative. **I am unwilling to do this.** I understand that my evidence would be required for a successful prosecution but that the Council will not force me to give evidence before a Court against my will. I further understand that as a result of this concession by Council that it will not issue a charge and summons in this matter. | | | | | |
|  |  | | | | | |
| Signature | |  | | | | |
| Full name | |  | | | | |
| Date | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| **Gannawarra Shire Council**  Kerang office Patchell Plaza, 47 Victoria Street Kerang **Telephone** 03 5450 9333 **Fax** 03 5450 3023  Cohuna office 23-25 King Edward Street Cohuna **Telephone** 03 5456 5222  **Mail** PO Box 287 Kerang VIC 3579  **Email** [council@gannawarra.vic.gov.au](mailto:council@gannawarra.vic.gov.au) **Web** [www.gannawarra.vic.gov.au](http://www.gannawarra.vic.gov.au)  **ABN** 98 993 182 937 | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOISE LOG RECORD SHEET** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | Occupation | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | Phone AH | | |  | | Phone BH | |  |
|  | | | | | | | | | | | | | | | | |
| Date | | Time noise started | | Duration | Weather conditions | Your location | Description of Noise | | | | Effect on you | | Possible cause of noise | | Comments | |
| 12/11/2014 | | 3:00 am | | 30 minutes | Windy | Bedroom | Howling | | | | Couldn’t sleep | | Wind? | | Also woke other members of family | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | |
| Signature of complainant | | |  | | | | |  | | Please return the completed Log Sheet and signed document to the Local Laws Department of Gannawarra Shire Council.  **Data to be recorded for two weeks minimum.** | | | | | | |
|  | | |  | | | | |
| Date | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOISE LOG RECORD SHEET** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | Occupation | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | Phone AH | | |  | | Phone BH | |  |
|  | | | | | | | | | | | | | | | | |
| Date | | Time noise started | | Duration | Weather conditions | Your location | Description of Noise | | | | Effect on you | | Possible cause of noise | | Comments | |
| Continuation from previous sheet | | | | | | | | | | | | | | | | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | |  | |  |  |  |  | | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | |
| Signature of complainant | | |  | | | | |  | | Please return the completed Log Sheet and signed document to the Local Laws Department of Gannawarra Shire Council.  **Data to be recorded for two weeks minimum.** | | | | | | |
|  | | |  | | | | |
| Date | | |  | | | | |