

Record of Ongoing Noise Nuisance



Case number _____

Please use this form to record ongoing noise incidents. Please note the dates, times, duration, type of noise, and how it has affected you. Maintain this record for two weeks, using extra sheets if necessary, and return it to your housing coordinator.

It is important to fill in this record as accurately as possible. Please fill it in as soon as possible after you witness the noise so that it is clear in your mind. There is further space on the back of this form.

This form is for **ongoing noise complaints only**. If you experience a one-off incident or more serious form of ASB, please record that incident on an **incident record form**.

Your name and address

Name and address of the person you believe is causing the noise nuisance

Date	Start time	Finish time	Description of noise and how it affects you

Your signature I believe that the information I have given above is a true description of what I saw and/or heard:

Signed: _____

Print name: _____

date: _____ / _____ / _____

