

Noise diary

V2 August 2022



Queensland
Government

This form can be submitted online at www.business.qld.gov.au/liquor-gaming

<p>Office use only</p> <p>Date</p>	<p>Instructions Please complete in BLOCK letters. Attach extra pages if needed. If you need help completing this form contact the Office of Liquor and Gaming Regulation (OLGR) on 13 QGOV (13 74 68) or www.business.qld.gov.au/liquor-gaming</p>
<p>Section 1 Complainant details</p>	<p>First name Last name</p> <p>Address</p> <p>Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Contact number Email</p>
<p>Section 2 Alleged source of the noise</p>	<p>Name of premises</p> <p>Address</p> <p>Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>Section 3 Complaint details</p>	<p>How can you tell which premises the noise is coming from?</p> <p>Please tick the boxes that best describes the noise problem</p> <p><input type="checkbox"/> Entertainment <input type="checkbox"/> Patron <input type="checkbox"/> Motor</p> <p>How long have you been living at your current property?</p> <p>Are you renting or do you own your property?</p>
<p>Section 4 Resolution details</p>	<p>Have you contacted the management of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and who did you speak to?</p> <p>If required, are you willing for OLGR to facilitate a meeting between you and the management of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you willing to allow an officer to take noise readings from inside your property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If required, are you willing to give evidence in a court or tribunal hearing relating to the information contained in this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Section 5 Declaration</p>	<p>I hereby certify that the above information is true and correct, and I understand that the information may be used by the Office of Liquor and Gaming Regulation as evidence as required</p> <p>Signature..... Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D / M M / Y Y Y Y</small></p>
<p>Section 6 Lodgement</p>	<p>By mail: Office of Liquor and Gaming Regulation, Locked Bag 180, CITY EAST QLD 4002</p> <p>By email: liquorcompliance@justice.qld.gov.au</p> <p>In person: Office of Liquor and Gaming Regulation, Upper Plaza, 33 Charlotte Street, BRISBANE QLD 4000</p>

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