**INCIDENT/COMPLAINT FORM**

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| --- | --- |
| **Name:** | **Date:** |
| **Time:** |
| **Postal Address:** | **Phone:** |
| **Email:** | **DGWF Representative:**  Supragya Sharma |
| **Please tick preferred contact method** | **Complaint Receipt Number:**  RC |
| **☐ E  SMS  PH  Mail** |
| **Are you acting on behalf of the complainant? ☐ Y  N** | |
| **Relationship to the complainant:** | |
| **Incident Type (please indicate the general type of incident, e.g. visual, traffic, TV/radio interference, farming interference) For noise – please complete the Noise Complaint Form:** | |
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| **Date and time of incident:** | |
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| **Incident Location (Property Reference Number – if applicable):** | |
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| **Weather Conditions and Operational Conditions (Temperature, wind direction and speed, general conditions, during operation or construction of the wind farm):** | |
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| **Source of weather conditions (Web page, Personal weather station, Observation)** | |
| **Frequency of the Issue:** | |
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| **Source of the Issue (if known):** | |
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| **Full Description of the Issue. How does this affect you?:** | |
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| **Any Additional Information (Please include your preferred outcome):** | |
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| **Attached Documents:** | |
|  | |
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|  | |
| **Has this form been seen and approved by both parties?** | **YES / NO** |
| **Signature of Complainant:** | **Signature of DGWF Representative:**  **Supragya Sharma** |