

Public Protection Nuisance Questionnaire & Diary Sheets

Case Reference Number (If known)	
What is your name?	
What is your address?	
	Tel no.
	Mobile
	Email
What is the name and address of the person that	Name:
you are complaining about? (Where is the problem coming from?)	Address:
What is it that is disturbing you? (eg Noise, Dust, Smoke etc. If noise; what kind of noise is it.	
music, TV, shouting etc)	
Approximately how often does it disturb you? (per	
week, per month for instance?)	
How long has this been going on for?	
Have you spoken or written to the person who is	
causing the problem about this? Please include date(s) and enclose copies of all correspondence.	
Was speaking/writing to the person causing the problem, effective, even if only for a while?	

Have you attempted formal mediation? (Please enclose copies of all correspondence relating to the mediation process)	
Whilst the Council will do all it can to protect your identity, it may need to be disclosed should the matter proceed to Court. Have you considered this and are you prepared to provide evidence that may end up in court?	
Would you be prepared to give evidence in court in person if required?	

Date	Time (24 Start	<i>hr clock)</i> Finish	Description of Problem	How it affected you	(If applicable) Wind Direction
20/07/2005 Example	14:00hrs	15:30hrs	Smoky bonfire	Ash and smoke	
20/07/2005 Example	23:30hrs	02:30hrs	Loud music	I couldn't sleep	

This statement consisting of page(s) signed by me is true to the best of my knowledge and belief and I make knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Name		Signed		
Dated the day of	20	LOGSHEET NO:of		

Continue Overleaf

Continuation sheet

Date	Time (24hr clock)		Description of Problem	How it affected you	(If applicable) Wind
	Start	Finish			Direction

Signed

Dated the day of20.....

LOGSHEET NO:of......

Continue Overleaf

Continuation sheet

Date	Time (24 Start	<i>hr clock)</i> Finish	Description of Problem	How it affected you	(If applicable) Wind
					Direction

Signed

Dated the day of20..... LOGSHEET NO:of......

Once completed, please return to the address below together with your completed diary sheets:

Public Protection London Borough of Havering Town Hall Main Road Romford RM1 3BD

Email: <u>environmental.health@havering.gov.uk</u>

We are unable to consider your case without this, and supporting diary sheets, so please ensure that you have completed all parts as fully as possible.

Updated July 2022