

FORMAL COMPLAINT FORM

Name:

Date:

Postal Address:

Phone:

Email:

BBWF Representative:

Complaint Type (please indicate the general type of complaint; e.g. visual, noise, traffic, TV Interference, Farming Interference):

Complaint Location:

Part of Property affected:

Frequency of the Issue:

Source of the Issue:

Full Description of the Issue:

Any Additional Information:

Attached Documents:

**Has the form been seen and approved by
both parties?**

YES / NO

Signature of Complainant:

Signature of BBWF Representative: