

LIQUOR CONTROL ACT 1988  
Section 117**COMPLAINT ABOUT NOISE, DISTURBANCE ETC**

To the Director of Liquor Licensing

Please print neatly in **BLOCK LETTERS****1. CONTACT DETAILS FOR THE COMPLAINT**

(a)	Full name: _____
(b)	Postal address for service of documents: _____ _____ Post Code: _____
(c)	Daytime contact Name: _____ Telephone number: (     ) _____ Mobile: _____ Email Address: _____

**2. DETAILS OF LICENCE COMPLAINED AGAINST**

(a)	Licence number: _____
(b)	Name of Licensed Premises: _____
(c)	Address of Licensed Premises: _____ _____ Post Code: _____
(d)	Name of Licensee: _____

**3. STATUS OF COMPLAINANT**

The complainant lodges this complaint:-	
<input type="checkbox"/>	as or on behalf of the Commissioner of Police
<input type="checkbox"/>	on behalf of _____ being the council of the municipality in which the licensed premises are situated
<input type="checkbox"/>	on behalf of _____ being the council of the municipality adjacent to the licensed premises
<input type="checkbox"/>	as a person claiming to be adversely affected by the subject matter of the complaint. (Please note that a complaint may only be made by three or more unrelated persons, unless special circumstances apply.)

#### 4. DETAILS OF COMPLAINT

Outline the matters which have given rise to the complaint or attach a submission detailing these matters: \_\_\_\_\_

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*\*Please attach separate additional pages if the space here is not enough*

#### 5. DECLARATION

This complaint about noise and disturbance is hereby made in accordance with, and on the basis of the information set out above.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_

#### IDENTITY OF COMPLAINANT - LIST AT LEAST THREE UNRELATED ADULT INDIVIDUAL PERSONS:-

\_\_\_\_\_  
**Name of Complainant 1** (please print clearly)

\_\_\_\_\_  
**Signature of Complainant 1**

(b) Postal address for service of documents: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

(e) Daytime contact Name: \_\_\_\_\_

Telephone number: (     ) \_\_\_\_\_

\_\_\_\_\_  
**Name of Complainant 2** *(please print clearly)*

\_\_\_\_\_  
**Signature of Complainant 2**

(b) Postal address for service of documents: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

(e) Daytime contact Name: \_\_\_\_\_  
Telephone number: (       ) \_\_\_\_\_

\_\_\_\_\_  
**Name of Complainant 3** *(please print clearly)*

\_\_\_\_\_  
**Signature of Complainant 3**

(b) Postal address for service of documents: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

(e) Daytime contact Name: \_\_\_\_\_  
Telephone number: (       ) \_\_\_\_\_

*\*Please attach additional pages for additional complainants*