

# NOISE COMPLAINT FORM

## I. RECIPIENT INFORMATION

This complaint is addressed to:  Landlord  Property Manager  Neighbor   
Homeowners Association (HOA)  Local Authorities  Other

Recipient's Full Name or Organization: \_\_\_\_\_

Recipient's Mailing Address: Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Recipient's Phone Number (Optional): \_\_\_\_\_

## II. COMPLAINANT INFORMATION

Your Full Legal Name: \_\_\_\_\_

Your Current Address: Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Phone Number (Optional): \_\_\_\_\_

Your Email Address (Optional): \_\_\_\_\_

Additional Complainant:  Yes  No

Second Complainant's Full Legal Name: \_\_\_\_\_

Second Complainant's Address: Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Second Complainant's Phone Number (Optional): \_\_\_\_\_

Second Complainant's Email Address (Optional):

\_\_\_\_\_

Additional Complainant:  Yes  No

Third Complainant's Full Legal Name: \_\_\_\_\_

Third Complainant's Address: Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Third Complainant's Phone Number (Optional): \_\_\_\_\_

Third Complainant's Email Address (Optional):  
\_\_\_\_\_

Your Relationship to the Property:  Tenant  Homeowner  Resident (not owner/tenant)  Guest  Other

Please specify your relationship: \_\_\_\_\_

### III. NOISE ISSUE DETAILS

Address where the noise issue occurs: Street Address:  
\_\_\_\_\_

Unit or Apartment Number (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary source of the noise:  Loud music

Television or audio equipment

Parties or gatherings

Loud voices or shouting

Barking dogs or animals

Construction or renovation

Appliances or machinery

Vehicle noise

Other

Please specify the other noise source: \_\_\_\_\_

Noise coming from: \_\_\_\_\_

How often does the noise occur:  One-time incident

Daily

Several times a week

Weekends only

Nights only

Intermittent/irregular

Other

Please specify the frequency: \_\_\_\_\_

**How long does the noise typically last:**  Less than 30 minutes

- 30 minutes to 1 hour
- 1-2 hours
- 2-4 hours
- More than 4 hours
- All night
- Other

**Please specify the duration:** \_\_\_\_\_

**When does the noise usually occur (select all that apply):**  Early morning (6am-9am)

- Daytime (9am-6pm)
- Evening (6pm-10pm)
- Night (10pm-2am)
- Late night (2am-6am)

**When did the noise issue first occur:** Date: \_\_\_\_\_

**When did the most recent noise incident occur:** Date: \_\_\_\_\_

**Describe the noise issue in detail:**

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**How would you rate the noise level:**

- Mild (noticeable but not disruptive)
- Moderate (disruptive to daily activities)
- Severe (prevents sleep or normal activities)
- Extremely loud (health/safety concern)

**How does the noise affect you or your household (select all that apply):**  Interrupts sleep

- Disturbs work or study
- Affects children
- Affects pets

- Causes stress or anxiety
- Prevents enjoyment of home
- Other

**Please specify other effects:** \_\_\_\_\_

**Are other residents or neighbors affected by this noise:**  Yes  No  Not sure

**Please describe how others are affected:**

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#### **IV. PREVIOUS ATTEMPTS TO RESOLVE**

**Have you tried to resolve the noise issue directly:**  Yes  No

**Describe your attempts to resolve the issue:**

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**Have you previously reported this noise issue:**  Yes  No

**Provide details of previous complaints (dates, recipients, outcomes):**

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**Are there any noise policies, quiet hours, or local ordinances that apply:**  Yes  No  Not sure

**Describe the relevant noise policies or ordinances:**

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#### **V. REQUESTED ACTION**

**What action are you requesting from the recipient (select all that apply):**  Investigate the noise issue

Contact the responsible party

Issue a warning or notice

- Enforce lease or community rules
- Request reduction or cessation of noise
- Mediation or meeting
- Other

**Please specify the other action requested:** \_\_\_\_\_

**How urgent is your request for action:**  Routine (no immediate threat)

- Important (affecting quality of life)
- Urgent (health/safety concern)
- Other

**Please specify the urgency:** \_\_\_\_\_

## VI. SUPPORTING EVIDENCE

**Do you have any supporting evidence of the noise issue:**  Yes  No

**What type of evidence do you have (select all that apply):**  Written log or diary

- Witness statements
- Photographs
- Audio recordings
- Video recordings
- Other

**Please specify other evidence:** \_\_\_\_\_

**Summarize the evidence you have:**

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Were there any witnesses to the noise incidents:  Yes  No

**First Witness's Full Name:** \_\_\_\_\_

**First Witness's Contact Information (Optional):** \_\_\_\_\_

**Additional Witness:**  Yes  No

**Second Witness's Full Name:** \_\_\_\_\_

**Second Witness's Contact Information (Optional):** \_\_\_\_\_

Has the noise caused any health or safety concerns:  Yes  No

Describe any health or safety concerns:

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**VII. DECLARATION AND SIGNATURE**

I declare that the information provided in this complaint is true and accurate to the best of my knowledge.

Complainant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_