

## **NOISE DIARY SHEETS AND GUIDANCE NOTES**

### Introduction

As part of our investigation into your noise complaint we recommend you keep a record of any incidents that cause you unreasonable disturbance. To help you do this please find enclosed diary sheets. The information you provide will inform us about the extent of the problem and enable us to determine the most appropriate response.

The diary sheets may be used as evidence if there are legal proceedings. It is important, therefore, the information you provide is specific, detailed and accurate as it may be subject to examination in a court. Your record of incidents may be shared with other agencies such as the police, a housing association or other relevant organisations.

### Guidance for completing noise diary sheets

We recommend you follow the advice below when completing the sheets:

- Date  
Record the full date including the day eg Mon 6 Oct.
- Time and duration  
Note the time the noise disturbance starts and the time it stops, with the time between being the duration of the problem. We recommend you do not just write 'all morning' or 'all day'. If there is more than one incident on the same day record them separately. Please remember to state whether the time is am (morning) or pm (afternoon/evening).
- Type of noise(s)  
Describe the type of noise eg loud music.
- Room(s) affected  
If you are disturbed more in one room than another indicate the room most affected first.
- Disturbance to you  
What did it prevent you from doing, how did it affect you? eg unable to sleep.
- Declaration  
Sign and date the diary sheets stating it is a true record of events. The information may be used as evidence should legal proceedings take place.

**Reference:**

**Date:**

**Diary sheet completed by:**

<b>Name:</b>		<b>Date diary sheet commenced:</b> <i>Please note this form should be returned within 28 days of this date</i>	
<b>Address:</b>			

**Address of noise source - full postal address:**

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<b>Day and Date</b>	<b>Time started</b>	<b>Time stopped</b>	<b>Type of noise(s)</b>	<b>Room(s) affected</b>	<b>Disturbance to you (what did it prevent you from doing, how did it affect you?)</b>
<i>Example Mon 6 Oct</i>	<i>10pm</i>	<i>11.30pm</i>	<i>loud music</i>	<i>bedroom</i>	<i>unable to sleep</i>

Day and Date	Time started	Time stopped	Type of noise(s)	Room(s) affected	Disturbance to you (what did it prevent you from doing, how did it affect you?)
<i>Example Mon 6 Oct</i>	<i>10pm</i>	<i>11.30pm</i>	<i>loud music</i>	<i>bedroom</i>	<i>unable to sleep</i>

***Copies of this template can be completed and submitted OR continue on a separate piece of paper using the same headings given above***

**Declaration**

I certify that the above is a true record and may be used in relation to any legal action.		
<b>Print name:</b>	<b>Signed:</b> <i>(not required for email submissions)</i>	<b>Date:</b>

Please return within 28 days to: **Customer.services@westsuffolk.gov.uk** or post to **Customer Services at:**

**West Suffolk Council, West Suffolk House, Western Way, Bury St Edmunds IP33 3YU**