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 complete the 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.

Any personal information processed by West Suffolk Council arising from a complaint of nuisance will be protected in accordance with the Data Protection Act 2018. For more information on how we do this and your rights in regard to your personal information and how to access it, visit our website How we use your information, or call Information Governance on: 01284 757173.

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, for example Monday 6 October.

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, for example 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? For example, 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	e:	West Suffolk
Diary sheet co	mpleted b	oy:			Council
Date diary she	et comme	enced:			
Please note this	form shou	ld be returr	ned within 28 da	ays of this date.	
Name					
Address					
Phone numbe	r				
Full postal add	dress of				
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?)
Example Mon 6 October	10pm	11.30pm	loud music	bedroom	unable to sleep



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?)



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?)
Copies of this t	template (can be con	pleted and s	submitted OR cor	ntinue on a separate piece of paper using the same

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

Declaration

I certify that the above is a true record an	d may be used in relation to any legal act	ion.
Print name	Signed (not required for email submissions)	Date

Please return within 28 days by email 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