Ryan Corner Development Pty Ltd ABN: 59 553 743 263 Level 3, Suite A 73 Northbourne Avenue Canberra ACT 2601



INCIDENT/COMPLAINT FORM

Name:	Date:
	Time:
Postal Address:	Phone:
Email:	HDWF Representative:
	Debra Dumesny
Please tick preferred contact method	Complaint Receipt Number:
□ E □ SMS □ PH □ Mail	HD
Are you acting on behalf of the complainant? \square Y \square N	
Relationship to the complainant:	
*If you are making a complaint on behalf of someone else we may nee	d to contact them to confirm details of the complaint
Incident Type (please indicate the general type of incident, e.g. visual, traffic, TV/radio interference, farming interference) For noise – please complete the Noise Complaint Form:	
Date and time of incident:	
Incident Location (Property Reference Number – if applicable, distance from infrastructure):	
Weather Conditions and Operational Conditions (Temperature, wind direction and speed, general conditions, during operation or construction of the wind farm):	
Source of weather conditions (Web page, Personal weather station, Observation)	
Frequency of the Issue:	

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Source of the Issue (if known):	
Source of the issue in known).	
Full Description of the Issue. How does this affe	ect you?:
Any Additional Information (Please include your preferred outcome):	
Attacked Base seeds	
Attached Documents:	
Has this form been seen and approved by	
both parties?	YES / NO
אסנוו אמו נוכ:	ILS / NO
Signature of Complainant:	Signature of HDWF Representative:
Signature of Complaniant.	Signature of HDWF Representative.