

LEITRIM COUNTY COUNCIL

Environment Complaint Form



PLEASE COMPLETE FORM IN BLOCK CAPITALS

Date Offence Committed: _____ Time: _____ am/pm

Location of Offence: _____

Name of Alleged Offender (if known): _____

Address of Alleged Offender (if known): _____

Name of Witness: _____

Address: _____

Are you over 18 years of age: Yes No

Telephone: _____ Mobile: _____

Email: _____

Signature of Witness: _____ Date: _____

Are you willing to act as Witness in Court (Please Tick) Yes No

Please specify if this complaint relates to;

Drinking Water Water Pollution Sewage Waste Burning

Air Pollution Odour Noise Litter

Public Land Private Land

Please give a full account of the facts giving rise to the complaint (**INCLUDING NATURE OF COMPLAINT, TIME, DATE AND DURATION OF OCCURRENCE**). The description should be as specific as possible and concentrate on the facts surrounding the issue being complained about. Note that details such as **name of person(s) suspected of being involved, addresses, vehicle registration numbers etc.** are of particular assistance in complaint investigation:

This statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have stated in it anything which I know to be false or do not believe to be true.

Completed form should be returned to Enforcement Officer, Environment Department, Leitrim County Council, Carrick-on-Shannon, Co Leitrim and should be marked PRIVATE

