Shaw Air Force Base Noise Complaint Form

Please fill out this form to the best of your knowledge. The more complete the form is, the quicker your complaint can be researched and responded to.

Last:	First:		MI:	MI:	
Address:					
City:		State:	ZIP:		
Contact Number(s):					
E-Mail:					
INCIDENT:					
Date:	Time:				
Location:					
Complaint: (Noise)	(Low Flight)	(Sonic Boom)	(Maneuver)		
Other:					
Number of Aircraft:	Type of A	Aircraft:			
Direction:		Altitude:			
Weather:					
ADDITIONAL COMMEN	<u>TS</u> :				

Thank you for cooperation.

PLEASE LEAVE THE FOLLOWING SECTIONS BLANK

CASE ID: ______

FINDINGS:

AIRCRAFT:	SERVICE:	NO:	TYPE:		
	SQUADRON:	CAL	L SIGN:		
MISSION:	(LOW LVL VR/IR)	(ACM/DCM)			
	(IFR APPROACH)	(VFR APPROACH/	PATTERN) (FCLP)		
	(OTHER)				
ADDITIONA	L COMMENTS:				
DATE/TIME	REC'D:	DATE/TIME	E RET'D:		
<u>RESPONSE</u> :					
CALLER:					
CALL DATE: LETTER DATE:					
RESOLUTIO	<u>DN</u> :				
	ON WARRANTED: CIENT INFO) (NO I	OOD A/C IN AREA)	(A/C OPS AS AUTH'D)		
2. REFERRE	ED TO: (USN) (U	SAF) (USMC)	(OTHER)		
	GATE FURTHER: AUTH'D ALT) (DE	SIG'D SENS AREA)	(UNAUTH MANUEVER)		
	ON WARRANTED: ER) (AIRCRAFT EMI	ERGENCY) (UNIN	TENTIONAL PILOT ERROR)		
COMMAND ACTION TAKEN: (ADMINISTRATIVE) (OPERATIONAL) (DISCIPLINARY)					
	L COMMENTS.				

ADDITIONAL COMMENTS: