NOISE COMPLAINT FORM

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| **CONTROL NO.** | |
| DATE/TIME CALL RECEIVED: | | NAME OF CALLER/ORGANIZATION: | | | | |
| NAME OF PA REPRESENTATIVE: | | | | | | |
| ADDRESS: | | | | | | |
| ­CITY: | | | STATE: | | | ZIP: |
| TELEPHONE NUMBERS | | | | | | |
| HOME: | | | | WORK: | | |
| TYPE OF COMPLAINT: (Low Level, Airfield Operations, Sonic Boom, etc) | | | | | | |
| DATE/TIME OF INCIDENT: | | | | | | |
| NUMBER OF AIRCRAFT INVOLVED: | | | | | | |
| DESCRIPTION OF AIRCRAFT: | | | | | | |
| HEADING: | | | | ALTITUDE: | | |
| LOCATION: (Coordinates if available) | | | | | | |
| WAS THERE ANY PROPERTY DAMAGE? | | | | | | |
| IF YES, DESCRIBE: | | | | | | |
| OPR: 20SS/OSTA – Robert Fort [robert.fort.1@us.af.mil](mailto:robert.fort.1@us.af.mil) 895-1057 | | | | | | |
| DATE/TIME CALLED TO 20SS/OSTA: | OPR ACTION OFFICER: | | | | | |
| DATE/TIME RETURN CALL FROM 20SS/OSTA: | | | | | | |
| DATE/TIME INDIVIDUAL RECALLED: | | | | | | |
| NAME OF PERSON WHO CALLED INDIVIDUAL: | | | | | | |
| PA ACTION OFFICER’S INITIALS | | | | | | |
| ADDITIONAL INFORMATION: | | | | | | |
| OVER | | | | | | |
| **RESPONSE:** | | | | | | |
|  | | | | | | |