| NOISE COMPLAINTS | 1. DATE: |
|---|---|
| | 2. TIME: |

**SECTION I - REPORTING**

3. REPORTED BY:

a. NAME: _____

b. ADDRESS: _____

c. TELEPHONE NUMBER: _____

d. INCIDENT TYPE: _____

e. INCIDENT LOCATION: _____

f. HOW RECEIVED:

*TELEPHONE: _____

*RADIO: _____

*IN PERSON: _____

4. WEATHER CONDITIONS: _____

5. POINT OF CONTACT:

**SECTION II - ACTION BY RANGE CONTROL**

| | | |
|---|---|---|
| 6. CHECK UNITS TRAINING: | YES | NO |
| 7. CHECK FIRE FREEZE: | YES | NO |
| 8. DISPATCH INSPECTOR/GAME WARDEN: | YES | NO |
| 9. NOTIFIED FLIGHT/FOLLOWING: | YES | NO |
| 10. NOTIFIED RNG 6: | YES | NO |
| 11. NOTIFIED RNG 3: | YES | NO |
| 12. NOTIFIED IOC: | YES | NO |

13. RECEIVED BY:

14. REMARKS: _____