



Health Nuisance

Complaint Form

Please return this form to: info@adc.govt.nz or Ashburton District Council, PO Box 94, Ashburton 7740

Complainant Details	
Name:	
Trading Name:	
Postal Address:	
Phone Number:	
Email:	Fax:
Complaint Details	
Date:	
Type of Complaint:	
Person Causing Complaint:	
Location of Complaint:	
Further Information:	
Action Taken by Council (office use only)	