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