

Personal details

First name: **Required**

Surname: **Required**

Daytime telephone number: **Required**

Mobile number (if different to above):

Postal address **Required**

Complaint Details

Location of issue (if exact address unknown please be specific with street/landmarks): **Required**

Type of building generating light: (Select one or more options) **Required**

- Commercial
- Residential
- Industrial
- Infrastructure - Roads (Street lighting)
- Other

If other, please detail:

What aspect of the light is causing the problem? (Select one or more options) Required

- Flicker/Flashing
- Brightness/Intensity
- Direction/Orientation/Position
- Reflectance/Glare

Time of day light is most noticeable? (Select one or more options) Required

- Midnight - 6am
- 6am - 8am
- 8am - 10am
- 10am - 5pm
- 5pm - 8pm
- 8pm - 10pm
- 10pm - Midnight

How long does the light last? (Select one or more options) Required

- 1 - 15 minutes
- 15 - 60 minutes
- 1 hour - 3 hours
- 3 hours - 5 hours
- 5 hours or more

How often does the light occur? (Select one or more options) Required

- Daily
- Weekly
- Monthly
- Every couple of months
- Less than once per 3 months

Where can you see the light from? (Select one or more options) **Required**

- Office
- Bedroom
- Kitchen
- Bathroom
- Lounge room

How does the light affect you?

Have you done anything to try and resolve the issue? (Select one option) **Required**

- Yes
- No

If yes, please detail below:

How would you prefer to be contacted? (Select one option) **Required**

- no response necessary
- email
- SMS
- phone
- mail

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