# Guidance on completing this witness observation record

1. This form should be filled in similar to the examples given below. As these sheets may be used in court it is important that each column is filled out individually with as much detail as possible. If the disturbance occurs a few times a day, please record each separate occasion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time disturbance started**NB am or pm** | Time disturbance stopped**NB am or pm** | Nature of disturbance | Effect of the disturbance | Indication on a scale of 1 – 10 of the severity 1 = minor disturbance10 – major disturbance |
| 14/2/16 | 17:30 | 20:30 | **E.g. for a noise disturbance**  Loud dance type music, heavy bass, use of a whistle, instructor shouting | Want to use garden but cant. So went indoors. Can’t hear TV despite windows/doors being shut. | 8 |
| 21/06/16 | 12.30a.m2am3.30am | 12.45am2.15am3.45am | **E.g. for light disturbance**Bright light shining in through bedroom window despite curtains being closed | Woken up can’t sleep  | 9 |
| 5/1/17 | 4.30pm | 6pm | **E.g. for smoke disturbance**Bonfire burning in business yard | Can’t use garden as intended, coughing, streaming eyes. Went inside and closed windows | 7 |
| 1/2/17 | 9:30am | 12:30p.m | **E.g. for odour disturbance**Strong smell from factory – describe smell | Nausea, headaches | 5 |

2. It is important that you make an accurate record of what is happening when you are at home.

3. Please sign the form and indicate if you are prepared to appear in Court to give evidence. Please note you may also be asked to fill in witness statements.

Please return form to:

Environmental Education & Enforcement,

Places Directorate, or Email: EEE@wigan.gov.uk

Wigan Council,

PO Box 100,

Wigan

WN1 3DS

**Environmental Health: Witness observation record Ref: SRU**

### These forms are an important part of the evidence gathering process and if necessary may be referred to in court. (Please see reverse for example)

Your name, address, email and tel. number:

Name and address of source of disturbance:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time disturbance started**NB am or pm** | Time disturbance stopped**NB am or pm** | Nature of disturbance – please highlight which - **Noise/light/odour/dust/smoke** | Effect of the disturbance | Indication on a scale of 1 – 10 of the severity 1 = minor disturbance10 – major disturbance |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Signed:** |  |  | **The information I give is correct and I am / am not\*** |

**prepared to appear in Court to give evidence if required. (\* please delete as appropriate)**