

Breckland Council

Licensing Section

REVIEW REPORT SHEET

Name of Complainant

(Block capitals please)

Address (of complainant)

Source of Complaint

(Name/Address)

I/We certify that the following entries are a true record of events.

Signed: _____

Date: _____

Notes:

1. Each form to be signed by all persons recording information and all entries on page 2 initialled.
2. Please make sure that your complaint relates to one of the four Licensing objectives which are:- Crime & Disorder; Public Safety; Public Nuisance or Protection of children from harm, otherwise we will not be able to take them into account.
3. If photographs are taken to support the entries on this sheet, please note in the column marked "Your location and activity", and cross reference by placing the date, time etc. on the reverse side of each photograph.
4. This record must be of things that you see or hear and not what other people tell you has been happening. Do not exaggerate - be factual.