



MARINE SAFETY COMPLAINT REPORT

Complete and return form to:

Investigations Unit

Department for Planning and Infrastructure

PO Box 402, FREMANTLE WA 6959

Facsimile: 9216 8982

DATE AND TIME OF INCIDENT OR COMPLAINT

Date: Day _____ Month: _____ Year _____

Time: _____ AM/PM

NATURE OF COMPLAINT *(Please Tick One)*

Speeding Skiing Noise Navigation Nuisance Freestyling

Other *(Please Describe)* _____

DETAILS OF PERSON MAKING COMPLAINT

Date of Birth: _____ Gender: Male Female

Family Name: _____ Other Names: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone Home: _____ Telephone Work: _____

Telephone Mobile: _____ Email: _____

Your Vessel Registration/ID Number: _____

Marine Qualifications Held *(if applicable)*

Type of Certificate or Licence: _____ Issue Date: _____

OFFENDING VESSEL DETAILS

Registration / ID No: _____ Number of people on board: _____

Commercial

- Passenger
- Non-passenger
- Fishing vessel
- Hire and drive vessel

Recreational

- Motor boat
- House boat
- Paddle (row) boat
- PWC *(jet ski)*
- Sailing boat
- Other _____

Colour/Description: _____

Construction material: _____

LIST WITNESSES TO INCIDENT / COMPLAINT *(If insufficient space available please attach separate sheet with Witness details)*

Name

Address

Telephone Contacts

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCIDENT DESCRIPTION

Use the space below to provide a full description (including a diagram) of the incident and events leading up to the incident.
(if insufficient space, provide a separate page)

Location of Incident

Lat / Long (If Applicable) _____ ° _____ ' _____ " South _____ ° _____ ' _____ " East

Description of incident: _____

Diagram of incident:



North

DECLARATION (To be signed by person completing incident report)

I declare that the information provided by me in this incident report is true to the best of my knowledge and belief and that I have made this report knowing that if it is tendered in evidence I will be guilty of a crime if I have wilfully included in this report anything which I know to be false or that I do not believe to be true.

Signed: _____ **Print Name:** _____

Witness: _____ **Print Name:** _____
(must be witnessed by persons 18 years or over)

Date: _____

THIS SECTION MUST BE COMPLETED

Additional Statement of Complainant Attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Statement of Witness/s Attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complainant must be willing to appear in court as a witness if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DPI OFFICE USE ONLY

Officer Receiving Complaint: _____ DPI File Reference: _____