



445TH AIRLIFT WING

Noise Complaint Form

Please fill out this form to the best of your knowledge. The more complete the form the quicker your complaint can be researched and responded to.

BACKGROUND

Last Name:		First Name:	MI:
Address:			
City:		State:	ZIP:
Contact Number(s):			
Email:			

INCIDENT

Date:		Time:	
Location:			
Complaint:	Noise	Low Flight	Sonic Boom
Other:			
Number of Aircraft:		Type of Aircraft:	
Direction:		Altitude:	
Weather:			

ADDITIONAL COMMENTS

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PLEASE LEAVE THE FOLLOWING SECTIONS BLANK
For official Public Affairs use only.

CASE ID:

FINDINGS

AIRCRAFT SERVICE:		NUMBER:	TYPE:
SQUADRON:		CALL SIGN:	
MISSION:			
LOW LEVEL VR/IR	ACM/DCM	IFR APPROACH	VFR APPROACH/PATTERN
FCLP	OTHER		
DATE/TIME REC'D:		DATE/TIME RET'D:	

ADDITIONAL COMMENTS

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RESPONSE

CALLER:	
CALL DATE:	LETTER DATE:

RESOLUTION

1. NO ACTION WARRANTED		
INSUFFICIENT INFO	NO DOD A/C IN AREA	A/C OPS AS AUTH'D
2. REFERRED TO:		
USN	USAF	USMC
		OTHER
3. INVESTIGATE FURTHER:		
BELOW AUTH'D ALT	DESIG'D SENS AREA	UNAUTH MANEUVER
NO ACTION WARRANTED:		
WEATHER	AIRCRAFT EMERGENCY	UNINTENTIONAL PILOT ERROR
COMMAND ACTION TAKEN:		
ADMINISTRATIVE	OPERATIONAL	DISCIPLINARY

ADDITIONAL COMMENTS

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