Wind Turbine Complaint Form

Complainant Name: ______________________________________________________________

Complainant Street Address: ______________________________________________________

Complainant Mailing Address: (if Different): __________________________________________

Date and Time of Event: __________________________________________________________

Duration of Event: ________________________________________________________________

Name or ID of Wind Turbine(s): ____________________________________________________

Nature of Event:

☒ Sound
☒ Light Flicker
☒ Pressure Change
☐ Other (Describe): ______________________________________________________________

Location of Event:

☒ Residence
☒ Commercial site/building
☐ School
☒ Public Building
☐ Industrial Building/Site
☐ Other (Describe): ______________________________________________________________

At the location checked above, where are the effects felt:

☒ Indoors (identify room)___________________________________________________________
☒ Outdoors
☐ Front Yard
☐ Back Yard
☐ Deck or patio
☐ Driveway or parking area

Using the following scale, please describe the intensity of the impact for related to each nature of the event checked above:

1- No effect
2- Somewhat annoying, intermittent irritation no physiological impacts
3- Mildly annoying, persistent irritation and inability to concentrate
4- Significant annoyance, irritation, anxiety and other physiological impacts
5- Unable to perform normal activities, must leave the area.
Sound
Light Flicker
Pressure Change
Other (Describe): ______________________________

Impact of Observed effects on you (check all that apply):

☐ Sleep Disturbance- waking frequently
☐ Sleep Disturbance- inability to fall asleep
☐ Loss of appetite
☐ Headache
☐ Inability to concentrate
☐ Anxiety
☐ Nausea

Weather Conditions during Event:

☐ Partly or mostly sunny
☐ Cloudy
☐ Showers/ Rain
☐ Night- weather unknown but not raining

Wind Direction (if known): ____________________________

Wind Speed (if known): ______________________________

Additional Comments: _____________________________________________________________

Please submit this form to:

Town of Kingston  Board of Health

26 Evergreen Street

Kingston, Ma. 02364

Phone: 781-585-0503  FAX: 781-585-0503

E-mail: Hwal ters@kingstonmass.org