# **Littering and Illegal Dumping Reporting Form**

Waste Reduction and Recycling Act 2011

Department of Environment and Heritage Protection (EHP)



This form is to be used if you have witnessed an act of illegal dumping or littering and wish to report the incident to EHP. This form should only be used if you are unable to complete and submit the online form.

EHP can issue an infringement notice to the registered owner of a vehicle based on your report. You may be required to give evidence in court, only submit your report if you are willing to do so.

Fields	marked wi	th * are	e mandatory for a valid report.
1.	Did you p	erson	ally observe the incident?*
	Yes		
	No		You are not able to submit a Littering or Dumping report form if you are not the eye witness of the incident
2.	Do you k	now th	e person who deposited the waste?
	Yes		
	No		

Are you prepared to go to court if necessary?\*

This means you may be required to give evidence in

Dumping

 will all yo	ou see .
Littering	0001 (

Yes This mea

Littering	< 200L (a wheelie bin is 200L)
Date of in	cident:*

Day	Month	Ye

	,	,
6.	Time of	fincident:*

7.	Name of any other witness to the allege
	offence (if applicable)

am/pm

# Incident details

5.

#### 8. Location at which you observed the Incident:\*

Please provide a location description (street/road, nearest corner, cross street or landmark e.g. bridge, car park, building name, GPS/SatNav coordinates, northbound, southbound etc).

If the location is broad (e.g. Bruce Highway) please include the closest intersection, landmark or identifiable map reference

9.	Nearest suburb or town*

## Local government area (if known)

## 11. Do you have any further information to provide?

This can include photos, videos, file notes or any information you believe is related to this report

Yes	> please email to infringement.notices@ehp.qld.gov.au or attach
	to this report

#### No > continue to question 12

Substance type*					
12. Littering substance:					
	If a littering offence was witnessed, dumping offence was witnessed,	ed, pleas	e select the su proceed to gue	bstance from the following lis	t. If a
	cigarette butt			up to 200L in quantity	
bı	roken glass on footpath		:	sharps/medical waste	
	lit cigarette		small Item	of litter (Please describe	
	lit cigarette thrown onto		othe	below) (please describe below)	
	combustible material	Ш	Otric	or (piease describe below)	
13.	<b>Dumping substance</b>	:			
	If a dumping offence was witness have already selected a littering				t. If you
	animal/meat waste		50 p. 00000 to 9	soil materials	
	asbestos		plastic bag	s—contents unknown	
	cars, bodies and			sharps/clinical waste	
	parts				
	construction and demolition waste	Ш		tyres	Ш
	drums		white go	ods, electronic waste	
			ŭ	and furniture	
	garden waste		otl	ner (please describe below)	
Offe	nder's action				
14.	Please indicate how	you s	saw the it	em(s) being	
	deposited:*				
	from vehicle/vessel	Ш	on grou	nd after getting out of vehicle/vessel	Ш
	uncovered load		on grou	nd <i>before</i> getting into vehicle/vessel	
	fell or blew off		combinatio	on of two of the above	
	vehicle/vessel				
15.	Approximate volume				
	single item (small)		multiple iter	ms (<200L in volume)	Ш
	single item (large)		multiple iter	ms (>200L in volume)	
	wheelie bin-sized			car trailer-sized	
~				Half truckload	
	nder's vehicle details				
16.	Please select the typ	oe of v	vehicle in	volved in the	
	incident:* vehicle		vessel	trailer	
47			700001	tranor	
17.	Vehicle details: Your information enables us to	o crossc	heck the vehi	cle details with the Departr	ment of
	Transport and Main Roads to incorrect information may result i				cient of
	Registration:*	, o u	State:	processed.	
	Make:*		Model	:	
	Shape:*		Colou	r:	
	Other distinguishing feat	ures			
Offender's details					
18.	Location in vehicle:*	-			
	driver			rear right passenger	
	front passenger rear left passenger			other/unknown	
10					
19.	Gender*	_		I lada a sur	
00	Male L		male L	Unknown	
20.	Description of offen	aer (il	seen):		
			0-	ntinued over need	
			CO	ntinued over page	

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21.	Witness (your) details  Please provide details belo  Title:*  Given name/s		22.	Would you like to receive from EHP? emails, flyers Yes No	further information
	Family name:*			Witness declaration*	
	Residential address:*			I declare that the information conta and correct to the best of my knowl to give evidence in court if required <b>Note:</b> It is an indictable offence to i provide false or misleading informa	ledge and that I am willing I.  ntentionally or negligently
	Postal address: (if same as residential, wri	te 'AS ABOVE')	23.	Signature	Date dd/mm/yy
	Daytime contact phone number:	Date of birth Day Month Year		Enquiries If you have any enquiries regarding contact EHP Phone: 13 QGOV (13 74 68) Email: infringement.notices@ehp.g	,,
	Email address:				
Fold h	nere.				

Queensland Government

Affix stamp here

Penalty Infringement Notices
Department of Environment and Heritage Protection
GPO Box 2454
Brisbane City QLD 4001

Fold Here

Privacy Statement: The Department of Environment and Heritage Protection collects the information on this form under the State Penalties Enforcement Act 1999 so that the identity of the person who is alleged to have committed the offence may be established. This information is accessible by the other Queensland Government departments and may be used for law enforcement purposes. The information is also accessible by authorised departmental officers and some information may be disclosed to other Queensland Government departments and interstate government authorities. The Department of Environment and Heritage Protection will not disclose your personal details to other third parties without your consent unless authorised by law. For further information please visit the EHP website <a href="http://www.ehp.qld.gov.au/legal/privacy.html">http://www.ehp.qld.gov.au/legal/privacy.html</a>