

Magpie Attack Notification Form

Contact Council if you have any specific enquiries regarding magpie attacks or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply. **Email completed form to enquiries@banana.qld.gov.au or deliver to a Customer Service Centre located at Biloela, Moura and Taroom.**

PLEASE ATTACH PHOTO OR VIDEO

Please complete all field of this form.	<p>Details</p> <p>Name: _____</p> <p>Residential address: _____</p> <p>Locality / town: _____ State: _____ Postcode: _____</p> <p>Contact Phone: _____</p> <p>Email: _____</p> <p>Date of complaint: _____</p>										
Supply as much detail as possible about the attack	<p>Attack Details</p> <p>Time: _____ Date: _____</p> <p>Location: _____</p> <p>Body part contacted: _____</p> <p>Nature of injury: _____</p> <p>Photo attached? _____</p> <p>Activity at the time of attack:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Playing</td> </tr> <tr> <td><input type="checkbox"/> Bike riding</td> <td><input type="checkbox"/> Mobility scooter</td> </tr> <tr> <td><input type="checkbox"/> Skateboarding</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Nature of attack:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Swoop (no contact)</td> <td><input type="checkbox"/> Swoop (with contact)</td> </tr> <tr> <td><input type="checkbox"/> Ground attack</td> <td><input type="checkbox"/> Cyclist /mobility scooter swoop</td> </tr> </table> <p>Nest location (if known): _____</p> <p>Are there any magpie signs up in the area? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Walking	<input type="checkbox"/> Playing	<input type="checkbox"/> Bike riding	<input type="checkbox"/> Mobility scooter	<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Other _____	<input type="checkbox"/> Swoop (no contact)	<input type="checkbox"/> Swoop (with contact)	<input type="checkbox"/> Ground attack	<input type="checkbox"/> Cyclist /mobility scooter swoop
<input type="checkbox"/> Walking	<input type="checkbox"/> Playing										
<input type="checkbox"/> Bike riding	<input type="checkbox"/> Mobility scooter										
<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Other _____										
<input type="checkbox"/> Swoop (no contact)	<input type="checkbox"/> Swoop (with contact)										
<input type="checkbox"/> Ground attack	<input type="checkbox"/> Cyclist /mobility scooter swoop										
	<p>Signature _____ Date / /</p>										
Office use only	<p>Date Received: _____ Magiq ID: _____</p> <p>Please forward to the Environmental Department</p>										