

# 1ST ARMORED DIVISION AND FORT BLISS OPERATIONAL NOISE COMPLAINTS

**INSTRUCTIONS:** Please read the Privacy Act statement. Fill out the form, describing the disturbance in as much detail as possible. Save or print the completed form, and submit: via U.S. mail: Garrison Public Affairs, ATTN: Noise Complaints, 15 Slater Road, Fort Bliss, Texas 79916, or via e-mail, to [usarmy.bliss.1-ad.mbx.1-ad-fort-bliss-pao@mail.mil](mailto:usarmy.bliss.1-ad.mbx.1-ad-fort-bliss-pao@mail.mil). 1st Armored Division and Fort Bliss investigates all operational noise complaints received, however nondisclosure of information may impact our ability to fully investigate the issue or take corrective action.

## PRIVACY ACT of 1974

**AUTHORITY:** 5 U.S.C 301. 10 U.S.C 3012 and 3034

**PRINCIPAL PURPOSE:** To record information re: noise, vibration, or other impacts from operational or training activities at Fort Bliss, Texas. Home address and telephone number of complainant is used to notify complainant of steps take to correct the problem.

**ROUTINE USES:** Information is maintained at the Fort Bliss Public Affairs Office, and distributed to other government offices and agencies for corrective action, when applicable.

**DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure to provide personal information may prevent issue from being fully investigated, corrected, or for information regarding corrective action to be communicated to the complainant.

### DATE OF REPORT:

### GENERAL INFORMATION:

Name:

Daytime Phone Number:

Email Address:

Location of Disturbance (street address or intersection):

City:

State:

Zip:

**Date/time of incident:**

**Duration:**

**Weather:** *Temperature:*

*Cloud cover:*

*Sunny*

*Humid*

*Raining*

**FOR ARTILLERY OR BLAST DISTURBANCES:** Primary reason for complaint:

Description of blasts:

# of blasts:

Frequency:

**FOR AIRCRAFT DISTURBANCES:** Primary reason for complaint:

HELICOPTER Type:

# Rotors:

# of Aircraft:

FIXED WING Type:

Model:

Direction of travel:

Altitude:

Describe the aircraft:  
(color, features, markings):

### OTHER DISTURBANCES:

Describe:

**DAMAGE OR OTHER ISSUES CAUSED BY DISTURBANCE:**

**Property damage?** Describe:

If property damage, would you like a referral to an SJA Claims Attorney?

Which of the following best describes the most significant effect you experienced:

*Definitions:*

PHYSIOLOGICAL EFFECTS – Includes increased pulse/respiration, tension/fatigue, dizziness, loss of balance, hearing loss, sleep loss

PSYCHOLOGICAL EFFECTS – Impacts emotions, feeling, or peace of mind. Includes annoyance, anxiety, or fear

COMMUNICATION EFFECTS – Disrupts face-to-face conversations and/or telephone communication

PERFORMANCE EFFECTS – Affects completion of tasks, due to surprise or startle reflex, missed audio cues, or attention lapses

WILDLIFE / LIFESTOCK / PET – Any of the preceding categories, when experienced by domesticated or wild animal life

STRUCTURAL DAMAGE – Includes damage caused by impact, fire, or vibration/low-frequency sound (such as broken windows)

**ADDITIONAL INFORMATION:**

**Please provide any additional information that may assist you in investigating or responding to your complaint:**

**This section reserved for Fort Bliss Public Affairs Office use:**

Date received by PAO: PAO Tracking #: