

**COMPLAINT FORM**



Reference # \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

*Please print or write all information clearly:*

**Reporting Party's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Type of Complaint:**     Animal Control                       Ordinance Violation                       Other

*Please describe the nature of the complaint or problem, with all the pertinent information including dates, time of incident(s), location of violation(s) and names and phone numbers of witnesses. Attach additional pages if needed.*

**Address/Location of Complaint:** \_\_\_\_\_

Identity of occupant/owner (if known): \_\_\_\_\_

**Date & time of incident:** \_\_\_\_\_

**Description of animals (if involved):** \_\_\_\_\_

**Incident details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

"Complaint Forms" must be signed to be valid.

*For Office Use Only:*

**ACTION TAKEN:** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOLLOW UP:** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF COMPLETION:**

City Official: \_\_\_\_\_ Date: \_\_\_\_\_