

COMPLAINT FORM

Date:	_ Phone number:	
Name of person filing co	plaint:	
Reason for complaint:		
Location of incident:		
	Color:	
Do you know the owner	animal: Yes / No	
	r did you feel in danger: Yes / No	
Any other facts we shoul	know about:	
	FOR OFFICE USE ONLY	
Date issued to ACO:		
ACO action taken: Warr	ng Citation Animal pick up	
Additional Information:		
Animal Control Officer:	Date action Taken:	