DEPARTMENT OF CODE ENFORCEMENT – ANIMAL CONTROL
ANIMAL CONTROL COMPLAINT FORM

Date Complaint Taken: ___________ Time: _______ □ am □ pm □ Phone □ In-person

Name of Person Taking Complaint: _______________________________________________________________

Please specify complaint reported:

☐ Abandoned animals
☐ Barking dogs
☐ Illegal/prohibited animals
☐ Unleashed dogs

☐ Other ________________________________

☐ At-large, dogs running loose
☐ Dog bite [attach dog bite reporting form]
☐ Too many animals
☐ Unsanitary conditions

☐ Other ________________________________

Has complaint been reported before? □ No □ Yes

When? ________________________________

Reporting Party’s Name: __________________________________________________________________________

Address: ________________________________ Home #: __________________ Cell #: __________________

Violator’s Name: ______________________________________ Address: ______________________________

DL # ______________________________________ State: _____ Expiration: ________________

Complaint: ___________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

☐ Check here if complaint continued on reverse side

FORM AC-3