



SHIRE OF WOODANILLING DOG INCIDENT/ COMPLAINT FORM

NAME: _____

DATE OF COMPLAINT: _____ CONTACT PHONE: _____

INCIDENT DETAILS

DATE: _____ TIME: _____ OF INCIDENT:

LOCATION: _____

NOISE

WANDERING

ATTACK

DESCRIPTION OF DOG 1

COLOUR: _____

SHORT HAIR LONG HAIR

SUSPECTED BREED: _____

Any other information to help identify the dog: _____

DESCRIPTION OF DOG 2

COLOUR: _____

SHORT HAIR LONG HAIR

SUSPECTED BREED: _____

Any other information to help identify the dog: _____

DESCRIPTION OF DOG 3

COLOUR: _____

SHORT HAIR LONG HAIR

SUSPECTED BREED: _____

Any other information to help identify the dog: _____

Description of Injuries/Damage

EVIDENCE CAPTURED

- PHOTOS
 VIDEO FOOTAGE
 WITNESSES

Details: _____

Please attach any evidence captured.
Please note that if there were any other witnesses to this incident, they must also come forward and complete a dog incident form.

DECLARATION

I declare that the above information is true and correct to the best of my knowledge at the time of application. I acknowledge that this declaration is true and correct and I make it in the belief that a person making false declaration is liable to the penalties of perjury.

SIGNED: _____

DATE: _____

OFFICE USE ONLY

DATE RECEIVED: _____ LOGIS REG: _____

TIME RECEIVED: _____ FILE: 5.2.3

OFFICER: _____ DATE COMPLETED: _____

Action Taken: _____