

	DOG ATTACK FORM Please ensure that all sections of this form are completed to the best of your ability to allow the investigation to be completed quickly. PLEASE PRINT IN BLOCK LETTERS						
	Complainant Name						
COMPLAINANT DETAILS	Residential Address						
	Locality/Town	State	Postcode				
	Postal Address						
It is necessary to supply us with a contact number.	Locality/Town	State	Postcode				
	Contact Phone						
	Email						
	Name of Person and/or Type of Animal Attacked     Address						
	Locality/Town	State	Postcode				
	Age						
	Date of Attack Time of Attack						
	Location Where The Attack Took Place						
	Description of attack						
ATTACK DETAILS							
Residential Address.							
Details of Attack.							
Please include as much detail as possible about the attack.							
If you require more space, please fill out the "Any Other Relevant Information" section							
found on the next page.	Did the dog cause physical injury/ies?	Yes	No				
	If so, please describe injury/ies						
	Was medical attention sought?	Yes	No				
	Was Veterinary attention sought?	Yes	No				
	Name of Veterinary Practice		_				
	Do you consent to Authorised Officers conta	cting your Veterinary Pra	actice?				



		as there a witness to this attack Yes No					
WITNESS	Witness(es) name						
DETAILS							
Details of the witness.	Address of Witness(es)						
Details of the witness.							
	Contact Phone						
	Please complete this section to the best of your ability. The more accurate the information, the easier it will be for the investigating officer to identify the dog.   Primary Breed   Secondary Breed   Colour   Description (include any distinguishing feature i.e. white chest)						
OFFENDING DOG							
DETAILS	Sex	Male	Fema	<sup>-</sup> emale			
	Did you see a re	egistration tag	Yes		No		
	Dog Size	Toy (e.g. Chihuahua)	Smal	l (e.g. Maltese)			
Please tick the appropriate		Medium (e.g. Shepherd)	Large	Large (e.g. Great Dane)			
box.	Coat Type	Short	Mediu	um	Long		
		Shaggy	Fluffy	/	Coarse		
	Appearance	Thin	Sleek	K	Medium		
		Muscled	🗌 Fat				
	Collar	Choker Chain	Leath	ner	Studded		
		Cloth	Other	$r \rightarrow$			
DOG OWNER	Owner/s Name						
DETAILS	Owner/s Address						
Please include any other	ANY OTHER RELEVANT INFORMATION						
information that you think may be important for the							
purposes of this investigation.	es of this						
If you require more space, please fill out a separate							
piece of paper and attach to this form.							
	IMPORTANT: Please consider the information provided on this form, as it may be used to support						
	the enforcement of legislative requirements of the alleged offender. If the alleged offender disputes the complaint, they may have the right to have the matter heard before the Court. If this occurs, you						
	will be required to supply evidence in person.						
DECLARATION	I submit this form with the relevant supporting documentation as required. I declare that the details						
	are correct to the best of my ability.						
	Signature Date / /						
	Please note: This complaint form must be completed, signed and lodged with Council.						
PRIVACY NOTICE			conal information to process your complaint. The information will not				
	be disclosed to any other person or agency external to Council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i>						
OFFICE USE ONLY	Date Received:	Date Received: Application Checked: YES NO		ked: YES NO			
	Taken By:			FID8209			