

WITNESS DETAILS Details of the witness.	Was there a witness to this attack <input type="checkbox"/> Yes <input type="checkbox"/> No
	Witness(es) name
	Address of Witness(es)
	Contact Phone
OFFENDING DOG DETAILS Please tick the appropriate box.	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)
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Did you see a registration tag <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dog Size <input type="checkbox"/> Toy (e.g. Chihuahua) <input type="checkbox"/> Small (e.g. Maltese) <input type="checkbox"/> Medium (e.g. Shepherd) <input type="checkbox"/> Large (e.g. Great Dane)
	Coat Type <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Shaggy <input type="checkbox"/> Fluffy <input type="checkbox"/> Coarse
	Appearance <input type="checkbox"/> Thin <input type="checkbox"/> Sleek <input type="checkbox"/> Medium <input type="checkbox"/> Muscled <input type="checkbox"/> Fat
	Collar <input type="checkbox"/> Choker Chain <input type="checkbox"/> Leather <input type="checkbox"/> Studded <input type="checkbox"/> Cloth <input type="checkbox"/> Other →
DOG OWNER DETAILS	Owner/s Name
	Owner/s Address
Please include any other information that you think may be important for the purposes of this investigation. If you require more space, please fill out a separate piece of paper and attach to this form.	ANY OTHER RELEVANT INFORMATION
DECLARATION	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.
	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	Banana Shire Council is collecting your personal 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: _____ Application Checked: YES NO
	Taken By: _____ FID8209