

# DOG ATTACK COMPLAINT FORM



## COMPLAINANT DETAILS

Full Name:

Address:

Phone Number:

Mobile:

Email Address:

## DESCRIPTION OF THE DOG ATTACK

Date and time of attack:	
Address where the attack took place:	
Describe in reasonable details circumstances relating to the attack:	
Nature of injury sustained:	
Was Medical/veterinary attention required:	
Name and Address of the doctor/vet/hospital	
Breed of the dog involved:	
Property where the dog is kept	
Owner of the dog	
Address of the Dog Owner	

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## DETAILS OF THE WITNESS TO THE ATTACK

	Witness 1	Witness 2
Name		
Address		
Phone		
Is/Are the witness prepared to give information to Council or give evidence in court proceedings if necessary		
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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Date: \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

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