

Town of Saltecoats

Animal Complaint Form

Complainant Information

Date reported: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Nature of Complaint

Particulars of complaint: _____

Date of complaint: _____

Location of complaint: _____

Statement made this _____ day of _____, 20____.

Signature of Complainant

Signature of Receiver

Date Received

Action Taken

Administrator notified? Yes No

Person responding: _____

Date of action: _____

Actions taken: _____

Outside Agency Notified: _____

Date Notified: _____