

ANIMAL – ATTACK, HARASS, INCIDENT

RECORD NO :

FILE NO : 1.71.3.7/8

COMPLAINT FORM

DESCRIPTION OF ATTACK, HARASSMENT, INCIDENT	
DATE AND TIME	
ADDRESS / LOCATION	
DESCRIBE IN DETAIL CIRCUMSTANCES RELATING TO THE ATTACK / HARASSMENT / INCIDENT	
NATURE OF INJURY / INJURIES SUSTAINED	
MEDICAL / VETERINARY CARE REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF DOCTOR / VETERINARY / HOSPITAL	<i>Where possible, please provide a certificate/note from doctor/veterinarian detailing his/her opinion if the injury was consistent with having been caused by the described animal.</i>
BREED / DESCRIPTION OF ANIMAL	
PROPERTY WHERE ANIMAL IS KEPT	
OWNER OF ANIMAL	
ADDRESS OF OWNER	

DETAILS OF PERSON MAKING THIS COMPLAINT	
NAME	
ADDRESS	
PHONE	
EMAIL	

DETAILS OF WITNESS/S TO THE ATTACK / HARASSMENT / INCIDENT	
WITNESS 1 NAME	
ADDRESS	
CONTACT NUMBER/S	
IS THE WITNESS PREPARED TO GIVE INFORMATION TO COUNCIL OR GIVE EVIDENCE IN COIRT PROCEEDINGS IF NECESSARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WITNESS 2 NAME	
ADDRESS	
CONTACT NUMBER/S	
IS THE WITNESS PREPARED TO GIVE INFORMATION TO COUNCIL OR GIVE EVIDENCE IN COIRT PROCEEDINGS IF NECESSARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACTION	
ARE YOU REQUESTING THAT THE COUNCIL INSTITUTE LEGAL PROCEEDINGS AGAINST THE OWNER OF THE OFFENDING ANIMAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please understand that it will be necessary for you to give full information relating to the attack to Council and to appear in court and give evidence as to the truth of your allegations if required.	
ARE YOU SEEKING COMPENSATION FOR INJURY TO THE PERSON OR PROPERTY (medical fees, clothing, etc.) RESULTING FROM THE ACTIONS OF THE ANIMAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please attach or forward as soon as possible the following account/receipts for:-	(a) Medical/veterinarian or pharmaceutical costs incurred. (b) Repairs/replacement of clothing or other property.
Any photographs (dated and signed) of the injury and/or damage sustained should accompany this form.	

IMPORTANT: This form is to be completed and signed by the complainant

DECLARATION	
I declare that the information I have provided is true and correct. I understand that I will be required to attend a formal interview which will be conducted by the Authorised Animal Management Officer.	
SIGNATURE	DATE