

Animal Care & Control

Complaint Report

Report #

Date



Month Day Year

Reporting Party

Name

First Name Last Name

Date of Birth



Month Day Year

Address

Street Address

Street Address Line 2

Phone Number

Please enter a valid phone number.

Animal Owner

Name

First Name

Last Name

Date of Birth



Month Day Year

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Incident Report

Please describe the nature of the complaint or problem, with all pertinent information including dates, time of incident(s), location of violation(s), and names and phones numbers of witnesses.

Date of Incident



Month Day Year

Time of Incident

Description of animal(s) involved:

Date of Contact with Complainant



Month Day Year

Contact with Complainant

"I certify under penalty of perjury under the laws of the State of Michigan that the foregoing is true and correct and that I am willing to testify to this in a court of law."

Date



Day Year