

Reporter Information			
Mr. Mrs. Ms.	Last Name (Required)	First Name (Required)	
Mailing Address (Required)			
City	State	Zip Code	County
Home Phone Number (Required)	Cell Phone Number		Email address
Information of Person or Organization the Complaint is Against			
Full Name of Animal Owner/Pet Shop/Kennel/Animal Shelter (Required)			
Mailing Address			
City	State	Zip Code	Phone Number
County	County Where Animal is Located (Required)		
Type of Animal			
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Complaint Information			
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Your Signature: _____ Date: _____

Referral Information (FOR OFFICE USE ONLY)	
Who was the Complaint Referred to:	Name of Person Referral was given to:
Additional Information	
Resolution Attempts	
<input type="checkbox"/> Filled out complaint form online <input type="checkbox"/> Contact with the accused <input type="checkbox"/> Contacted the county <input type="checkbox"/> Contacted the municipality <input type="checkbox"/> Contacted the sheriff's office <input type="checkbox"/> Contacted the Department of Agriculture and Consumer Services <input type="checkbox"/> Other _____	
Important Information	
<ul style="list-style-type: none">• Documents provided to this office may be public record.• Please be sure to include copies of any supporting documents you may have, such as photographs.• This office does not have the authority to give private legal advice or provide private legal representation to individual consumers	
This information I have provided is true and accurate to the best of my knowledge.	