

Details of Person Making Complaint			
Name:		Date:	
Address:		Mobile:	
Licence Number:		Email:	
<p>Please understand that it will be necessary for you to give full information relating to the Attack / Harassment to Council and to appear in court and give evidence as to the truth of your allegations if required.</p> <p>Any photographs (must be dated and signed) of the injury and / or damage sustained should accompany this form.</p>			

Description of Dog Attack / Harassment			
Address where attack / harassment to place:			
Date / Time / attack / harassment:			
Breed of dog involved:			
Colour:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name of dog owner/responsible person:			
Address of dog owner/responsible person:			
Property where dog kept: (if different to above)			
Was medical / veterinary attention required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Name and address of Doctor / Vetinarian / Hospital:			
Nature of injury / injuries sustained:			

Describe Circumstances Relating to the Attack / Harassment:	

Details of Witness Number 1 to the Attack	
Name:	
Address:	
Contact Number:	
Is the witness prepared to give information to Council or give evidence in court proceedings if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Details of Witness Number 2 to the Attack	
Name:	
Address:	
Contact Number:	
Is the witness prepared to give information to Council or give evidence in court proceedings if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature:	
Name:	
Date:	