



# District Council of Cleve

Address: 10 Main Street, Cleve SA 5640  
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## DOG ATTACK / HARASSMENT COMPLAINT

### Details of Person Making Complaint

|                 |  |         |  |
|-----------------|--|---------|--|
| Name:           |  | Date:   |  |
| Address:        |  | Mobile: |  |
| Licence Number: |  | Email:  |  |

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.

Any photographs (must be dated and signed) of the injury and / or damage sustained should accompany this form.

### Description of Dog Attack / Harassment

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

|                                                                    |
|--------------------------------------------------------------------|
| <b>Describe Circumstances Relating to the Attack / Harassment:</b> |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Details of Witness Number 1 to the Attack</b>                                                                                                                    |  |
| 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 |  |

|                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Details of Witness Number 2 to the Attack</b>                                                                                                                    |  |
| 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 |  |

|                   |  |
|-------------------|--|
| <b>Signature:</b> |  |
| <b>Name:</b>      |  |
| <b>Date:</b>      |  |