

**ANIMAL CONTROL DIVISION
COMPLAINT REPORT**

Complainant:

Last Name	First	Middle	Date of Birth
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Address: _____

Number/Street	City	State	Zip
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Phones: _____

Home	Work	Other	
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Number of pets owned: Cats: _____ **Dogs:** _____ **License Numbers:** _____

Violator:

Last name	First	Middle	Date of Birth
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Address: _____

Number/Street	City	State	Zip
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Phones: _____

Home	Work	Other	
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Number of pets owned: Cats: _____ **Dogs:** _____ **License Numbers:** _____

Description of violating pet(s): _____

Narrative of violation: On this date: _____ at this time: _____ AM/PM
at this location: _____
the following occurred: _____

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct; that I am willing to testify to this in a court of law." RCW 9A.72.085

Signature: _____ **Date:** _____

Officer: _____