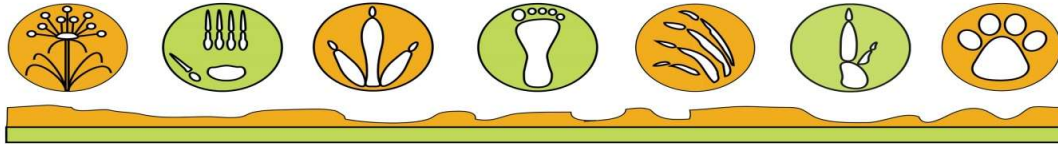


BARKLY REGIONAL COUNCIL



Dog Complaint Form

Complaint Type:	Dog () Dog Menace () Dog Attack () Dog at Large () Dog Nuisance () Cruelty () Other -
Complainant's Name:	
Address:	
Phone:	
Date/Time of Incident:	
Location of Incident:	
Nature of Complaint:	

STAFF TO COMPLETE

Received by:		
Date/Time Received:	Date:	Time:
Sent to Animal Control:		
Investigating Officers:		
Action Taken:		