

TOWN OF GRAFTON
ANIMAL COMPLAINT FORM

DATE OF DOG INCIDENT: _____ TIME: _____

COMPLAINANT: _____ PHONE No.: _____

ADDRESS: _____

NATURE OF COMPLAINT: _____

Continue on back if needed

DESCRIBE INJURIES OR PROPERTY DAMAGE (if any): _____

Continue on back if needed

VICTIM: _____

WITNESS(ES): _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

DESCRIPTION OF DOG: BREED: _____ SIZE: _____ COLOR: _____

Other distinguishing features: _____

OWNER OF DOG: _____ ADDRESS: _____

COMPLAINANT SIGNATURE: _____ DATE: _____

Section below for Town use

Was dog licensed: _____ Tag #: _____

REMARKS: _____

Signed: _____ Title: _____