Coos County Animal Control

92960 Southport Road
Coos Bay, OR 97420
541-269-2312

CITIZEN'S COMPLAINT FORM

Complete and submit form to Coos County Animal Control in person or by mail to the above address

Report Date:		Time:	

COMPLAINANT'S NAME	MOBILE TELEPHONE
HOME ADDRESS	HOME TELEPHONE:
BUSINESS ADDRESS	BUSINESS TELEPHONE

INCIDENT INFORMATION

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

Write a brief description of the incident. If necessary, please use and attach a separate sheet of paper.

WITNESSES

Please record information on witnesses. If there were no witnesses, please record "none".

WITNESS'S NAME	ADDRESS	TELEPHONE
WITNESS'S NAME	ADDRESS	TELEPHONE

SIGNATURE REQUIRED

In signing this form you, the complainant , are declaring that all information contained herein is true to the best of your knowledge.

SIGNATURE

DATE

FORM#CCAS101 Rev 6/11