

HUMANE SOCIETY OF THE BLACK HILLS

ANIMAL COMPLAINT/ORDINANCE VIOLATION

(*complete information is required for a Humane Enforcement Officer to respond)

REPORTING PARTY (COMPLAINANT) INFORMATION:

NAME _____

PHONE _____

ADDRESS: _____

CITY, ZIP _____

SUSPECTED ANIMAL OWNER INFORMATION:

NAME _____

PHONE _____

ADDRESS _____

CITY, ZIP _____

NATURE OF COMPLAINT OR VIOLATION (CHECK ONE OR ALL THAT APPLY)

BARKING/NOISY: Date: _____ Time: _____

ANIMAL AT LARGE: Date: _____ Time: _____

CARE & TREATMENT: Date: _____ Time: _____

ANIMAL BITE—TO HUMAN: Date: _____ Time: _____ TO ANIMAL: Date: _____ Time: _____

OTHER-NOT SPECIFIED, PLEASE DESCRIBE: _____

OCCURENCE INFORMATION

HOW OFTEN DOES THIS OCCUR? DAILY _____ EVERY OTHER DAY _____ WEEKLY _____ MONTHLY _____

HAVE YOU, AS REPORTING PARTY, SPOKEN TO THE NEIGHBOR/OWNER? NO: _____ YES _____ IF YES, WHEN? _____

HAVE YOU FILED ANY PREVIOUS COMPLAINTS? NO: _____ YES: _____ IF YES, WHEN? _____

STATEMENT INFORMATION: (PLEASE PROVIDE—REQUIRED INFORMATION)

DESCRIPTION OF ANIMAL(S): _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION OF OCCURRENCE: _____

REQUESTED ACTION: (CHECK ONE): WARNING TICKET _____ CITATION _____ (REQUIRES OFFICER ASSISTANCE)

SIGNATURE OF COMPLAINANT: _____ DATE: _____