

Town of Waddington Dog Complaint Form

Date: _____ Time: _____

Complainant Last Name: _____ First: _____

Address: _____

Phone Number: _____

Complaint details: _____

(Use a separate sheet if more space is needed)

Signature of Complainant: _____

Actions Taken: _____

Beginning Mileage: _____

Additional Mileage & dates returned: _____

Date Case Resolved: _____

Case Closed in Full Satisfaction:

Signature of Complainant: _____

Signature of Dog Control Officer: _____