



ANIMAL CARE AND CONTROL

DEPARTMENT OF HEALTH SERVICES

1247 CENTURY CT
SANTA ROSA CA 95403
707-565-7100
707-565-7112 FAX
www.theanimalshelter.org

COMPLAINT STATEMENT

****NOTE: IF THERE ARE MULTIPLE PETITIONERS FOR THIS COMPLAINT, PLEASE DESIGNATE ONE PERSON TO COLLECT AND RETURN ALL STATEMENTS TOGETHER. PLEASE WRITE "COMPLAINT STATEMENTS" ON THE FRONT OF THE ENVELOPE****

DATE: _____ COMPLAINT #: _____

NAME: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

(PLEASE PROVIDE DAYTIME PHONE NUMBER)

ANIMAL OWNERS NAME: _____

PHYSICAL ADDRESS: _____

PLEASE DESCRIBE YOUR COMPLAINT (PLEASE INCLUDE DATES, TIMES AND LOCATIONS AS EXACTLY AS POSSIBLE). EXPLAIN HOW YOU CAN BE SURE THIS IS THE LOCATION OF THE OFFENSE AND THE ANIMAL INVOLVED.

(FOR ADDITIONAL SPACE PLEASE USE BACK OF FORM)

YES _____ I AM WILLING TO TESTIFY IN COURT IF NECESSARY

NO _____ I AM NOT WILLING TO TESTIFY IN COURT.

I HAVE READ THIS STATEMENT CONSISTING OF _____ PAGE(S) AND I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON (DATE): _____ AT (PLACE): _____

SIGNATURE: _____

<http://www.sonoma-county.org/shelter/contact.htm>

