



P. O. Box 436 Vienna, Georgia 31092
(229) 268-4744

ANIMAL CONTROL COMPLAINT FORM

Date of Complaint: _____ Time of Complaint: _____

Name(s): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Cell #: _____

Type of Complaint: _____

Location: _____

Description of Animal(s): _____

Describe Conduct that occurred: (attach additional sheet(s) if necessary): _____

For Administrative Use Only

Complaint Received By: _____ Date: _____

Date Captured: _____

Date Placed Trap: _____

Date Report Investigated and Findings of Facts: (attach add'l sheet(s) if necessary) _____
