

## **Statement Form - Dog Attack Allegation**

Request Number:			
Details: Name:		Dog Owner	Witness
Address: BH: Phone: AH: BH:		Mob:	
Details of Offending Dog & Owner Address where the dog comes from			
Description of Dog Breed: Colour:		Male	/ Female
Distinguishing Marks/ID: Description of Owner (if present a Name (if known):	t the time of the		
Sex: Age (approx):  Hair Colour:  Distinguishing Features:	Height:		
Incident Details Location where attack took place: _			
Date: Time:			
Council is collecting your name, address, contincident, for the purpose of processing an investorovided will only be accessed by employees a pay be given to the state department responsitiour information will not be given to any other or we are required to or authorised by law.	estigation into the alle and/or Councillors of ble .	eged animal incident. Council. Some of this	The information s information
Ranger Contact Details:			



Statement of the Incide		
have been advised by nvestigating officer, that appear as a witness.	t should this matter proceed to C	the ourt, I may be liable to
Signature:	 Date:	