**This form is to be completed to provide details on a witnessed dog attack to assist Council with their investigation. All information provided, should be provided with the knowledge it may be used in Court and you may be required to give evidence. Without supporting evidence, the ability for Council to action the matter is limited.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Details** | | | | | | | | |
| I am the: | Complainant Dog Owner Witness | | | | | | Are you the Guardian of the Victim? Yes No | |
| Contact name: | | | | | | | | |
| Title: Mr Mrs Miss Ms Other *(please specify)*: | | | | | | | | |
| Date of birth: | | | Driver’s licence number (ID): | | | | | |
| Preferred contact number: | | | Email: | | | | | |
| **Residential Address** | | | | | | | | |
| Street number and name: | | | | | | | | |
| Suburb: | | | | | State: | | | Postcode: |
| **Witness Details** | | | | | | | | |
| Please provide details of any other witnesses to the attack: | | | | | | | | |
| Name: | | | | Contact number: | | | | |
| Address: | | | | | | | | |
| Name: | | | | Contact number: | | | | |
| Address: | | | | | | | | |
| **Description of Attacking Dog** | | | | | | | | |
| **Dog 1** | | | | | | | | |
| Breed: | | Colour: | | | | Gender: | | |
| Any other identifying features *(approx. age)*: | | | | | | | | |
| Kept by *(owner’s name if known)*: | | | | | | | | |
| Kept at *(property address if known)*: | | | | | | | | |
| **Dog 2** | | | | | | | | |
| Breed: | | Colour: | | | | Gender: | | |
| Any other identifying features *(approx. age)*: | | | | | | | | |
| Kept by *(owner’s name if known)*: | | | | | | | | |
| Kept at *(property address if known)*: | | | | | | | | |

**Personal Information Protection Statement**

As required under the Personal Information Protection Act 2004

*The personal information will be used solely by Council for purposes under the Dog Control Act 2000 or directly related purposes. The intended recipients of the information are Council Officers, agents, or contractors of Council. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Attack** | | | | | | | | |
| Date: | | | | Time: | |  |  | am/pm |
| Location *(street/suburb)*: | | | | | | | | |
| Footpath Roadway Park Back yard Front yard Other: | | | | | | | | |
| What were you doing at the time of the attack: | | | | | | | | |
| Who was with you *(including animals)*: | | | | | | | | |
| Who was attacked: | Person Dog Cat Other: | | | | | | | |
| **Victim – Person** | | | | | | | | |
| Name and age of victim: | | | | | | Contact number: | | |
| Address: | | | | | | | | |
| What injuries were incurred: | | | | | | | | |
| **Victim – Animal** | | | | | | | | |
| Name of victim animal *(if applicable)*: | | | | | | Breed of victim animal: | | |
| Colour of victim animal: | | | | | | Gender of victim animal: | | |
| What injuries were incurred: | | | | | | | | |
| **Treatment** | | | | | | | | |
| What medical treatment was received? | | First aid at home | | |  | Hospital |  | Dr/GP |
|  | | Vet |  |  |  | Ambulance | | None |
| If medical treatment was received, please provide details: | | | | | | | | |
| Were photos taken of any injuries sustained prior to receiving medical treatment? | | | | | | | Yes | No |
| Has this attack been reported to the Police? Yes – Police Report Number: No | | | | | | | | |
| **Supporting Documentation** | | | | | | | | |
| Please remember to provide the following supporting documentation as soon as possible: Copies of medical certificates/doctor reports and/or veterinary reports.  Photos of any injuries sustained prior to receiving medical treatment.  Any other relevant documents pertaining to the attack.  **Provide as Much Detail as Possible on Next Page of what you witnessed or any other comments or details of what occurred.** | | | | | | | | |

|  |
| --- |
| **Additional Comments / Details of what occurred – Please provide as much detail as possible of what you witnessed.** |
|  |

I undertake – (a) to give full information to the Council as to this matter; and

(b) to appear in court where necessary and give evidence as a witness to the truth of this notice of complaint.

SIGNED ………………………………………………………… DATED: ………………………………………………………

**Additional Victims:**

|  |  |
| --- | --- |
| **Victim – Person** | |
| Name and age of victim: | Contact number: |
| Address: | |
| What injuries were incurred: | |
| **Victim – Person** | |
| Name and age of victim: | Contact number: |
| Address: | |
| What injuries were incurred: | |
| **Victim – Animal** | |
| Name of victim animal *(if applicable)*: | Breed of victim animal: |
| Colour of victim animal: | Gender of victim animal: |
| What injuries were incurred: | |
| **Victim – Animal** | |
| Name of victim animal *(if applicable)*: | Breed of victim animal: |
| Colour of victim animal: | Gender of victim animal: |
| What injuries were incurred: | |
| **Victim – Animal** | |
| Name of victim animal *(if applicable)*: | Breed of victim animal: |
| Colour of victim animal: | Gender of victim animal: |
| What injuries were incurred: | |
| **Victim – Animal** | |
| Name of victim animal *(if applicable)*: | Breed of victim animal: |
| Colour of victim animal: | Gender of victim animal: |
| What injuries were incurred: | |