

BARKLY REGIONAL COUNCIL



Dog Complaint Form

Complaint Type:	Dog () Dog Menace () Dog Attack () Dog at Large () Dog Nuisance () Cruelty () Other -
Complainant's Name:	
Address:	
Phone:	(H) (W) Mobile:
Date / Time of Incident:	Date: Time:
Location of Incident;	
Nature of Complaint:	

Office Use Only

Received by:	
Date / Time Received:	Date: Time:
Sent to Animal Control:	
Investigating Officer(s)	

Action Taken:

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Action Taken: (continued)			
Result:	Current () No Further Complaint ()	Monitoring () No Further Action ()	Resolved () Dog Registration Confirmed () Returned to Owner ()
RSPCA No:	DOB: / /		
Offender's Name:			
Offender's Address:			
Offender's Phone:	(H)	(W)	Mobile:
Complainant's Advised:			
Complainant's Response:			

CAT & DOG TRAP REGISTER

Trap No: _____		Delivered to: _____	
Date: _____		Officer: _____	
Name of person accepting responsibility for the trap: _____			
Signature: _____			
Recover Trap on:		<u>Replacement Traps</u>	
Date: / /	Trap No: _____	Date: / /	Trap No: _____
Officer: _____		Officer: _____	
Date: / /	Trap No: _____	Date: / /	Trap No: _____
Officer: _____		Officer: _____	
Trap No: _____			
Date Returned: / /		Officer: _____	
Collecting: _____			
Register adjusted accordingly: yes / no Officer: _____			

Please email form to reception@barkly.nt.gov.au