## Town of Essex Animal Control Officer

## **Dog Complaint Form**

Date:	Time:	Location:	
Name and address of co	omplainant:		
Phone:			
Description of Dog or I	Dogs:		
Name and Address of I	Oog Owner:		
Phone:			
Description of Incident	:		
Notify: BOS		Yes	No
Animal Health Inspecto	or	Yes	No
Police Further action taken?		Yes Yes	No No