

CITY OF SPOKANE

ANIMAL CONTROL PROBLEM / COMPLAINT FORM

Ways to submit this information:

Give or mail this form to:

SpokAnimal C.A.R.E.
710 N. Napa
Spokane, WA 99202

City of Spokane
Office of the City Clerk
808 W. Spokane Falls Blvd. 5th Floor
Spokane, WA 99201

To fill out this form online, visit the City of Spokane's
Website: spokanecity.org See Service/ Click on Forms

For office use
Case # _____
Date Stamp In _____

*Please print or write all information clearly. Attach additional pages if needed.
You may write on the back of this form.*

Today's Date: _____

Your name: _____

Address: _____

City _____ State _____

Zip Code _____ E-mail: _____

Daytime phone number: _____ Cell number: _____

TYPE OF PROBLEM: (check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Barking Dog | <input type="checkbox"/> Animal at-Large |
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Unsanitary Conditions |
| <input type="checkbox"/> Dead Animal | <input type="checkbox"/> Injured/Trapped Animal |
| <input type="checkbox"/> Chained Dog | <input type="checkbox"/> No shelter from weather |

Attachment A

Lost Animal Found Animal

Animal Neglect Dangerous/Vicious Animal

(If your complaint involves animal neglect, please provide additional information below, in the section titled "Other.")

Other [Please state the nature of your complaint]

Address of animal caretaker/owner

Description of Problem including day, date and time:

Have you complained about this problem before?

Yes No

EVALUATION OF SERVICES PROVIDED BY SPOKANIMAL/Animal Control Provider

Excellent Acceptable Not Acceptable Poor

Comments _____

Confidentiality Preference: Disclosure of information revealing your identity will depend on Application of the Public Disclosure Law, Ch. 42.56 RCW, other applicable statutes, and whether the complaint is criminally prosecuted. Please initial in the space that indicates whether you desire information revealing your identity be disclosed. Failure to initial either will result in information being subject to disclosure. By checking DO NOT DISCLOSE, I am indicating that the disclosure of my name would endanger my life, physical safety or property.

_____ Do not Disclose _____ You may disclose
Initial Initial