

**Dog Complaint Report**

City of Walton  
P.O. Box 200 - 122 Main  
Walton, Ks. 67151  
620-837-3252 Fax: 620-837-3252

Date: \_\_\_\_\_ Time of incident: \_\_\_\_\_AM/PM

Suspected Owner – Address – Phone \_\_\_\_\_

Name of Complainant/Witness \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Complainant/Witnesses – Address – Phone \_\_\_\_\_

Markings of dog (be specific) \_\_\_\_\_

Complaint: (Please be as detailed as possible including where, when and how the incident occurred, any witnesses, where were the owners etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Date/Time of Complaint \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_

Staff Name taking complaint \_\_\_\_\_

