



DOG ATTACK REPORT FORM

DATE: _____ TIME: _____ INVESTIGATION: _____

COMPLAINANT DETAILS

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

VICTIM DETAILS:

NAME: _____ D.O.B: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

WITNESS DETAILS:

NAME: _____ D.O.B: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

DETAILS OF ATTACK:

DATE: _____ TIME: _____

LOCATION:

STREET NUMBER: _____ STREET: _____

SUBURB: _____ OTHER: _____

_____ (BEACH, PARK, ETC)

DESCRIPTION OF DOG:

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BREED: _____ COLOUR: _____

MALE / FEMALE

MARKINGS: _____

WEARING COLLAR: YES NO TYPE OR COLOUR: _____

POSITIVELY IDENTIFIED: DATE: _____ TIME: _____

DOG OWNER DETAILS: (IF KNOWN)

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

INJURY DETAILS:

LOCATION OF INJURY: _____

EXTENT: _____

WAS MEDICAL TREATMENT REQUIRED : Yes / No

IF YES: DATE: _____ TIME: _____

NAME OF SURGERY/HOSPITAL ATTENDED: _____

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[illegible]

"I SWEAR THAT THE ABOVE DETAILS ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. SHOULD THE MATTER COME BEFORE A COURT OF LAW, I SHALL BE WILLING TO ATTEND, TO SUPPORT SUCH FACTS."

I WOULD LIKE THE MATTER TO BE DEALT WITH BY: (PLEASE TICK)

VERBAL CAUTION

WRITTEN CAUTION

INFRINGEMENT

COURT ACTION

PLEASE NOTE: ALTHOUGH YOU HAVE TICKED YOUR DESIRED ACTION, THE FINAL OUTCOME IS DECIDED BY THE INVESTIGATING AUTHORISED OFFICER.

COMPLAINANT'S SIGNATURE: _____

DATE: _____ TIME: _____