Shire of Jerramungup
8 Vasey Street, Jerramungup
PO Box 92, Jerramungup WA, 6337
(08) 9835 1022

Dog Complaint Form

❑ **Dog/s Barking** ❑ **Dog/s Wandering**

❑ **Dog/s Attack** ❑ **Other**

If other, please specify: _____

COMPLAINANT DETAILS:

Name of complainant: _____

Phone: _____ Email: _____

Address: _____

Have you attempted to engage with the owner by way of notification letter or speaking to them:

❑ **Yes** ❑ **No (If No, please complete neighbour notification)**

GENERAL INFORMATION:

Dog Address: _____

Dog Owner (if known): _____

Breed of Dog/s: _____ Colour of Dog/s: _____

Name of Dog/s (if known): _____

Distinguishing features (eg. markings, collar): _____

_____

DETAILS OF COMPLAINT:

_____

_____

_____

_____

_____

_____

_____

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DOG ATTACK: (leave blank if not applicable)

Was physical injury caused? ❑ Yes ❑ No

Was medical treatment received? ❑ Yes ❑ No

Extent and location of injuries: _____

_____

_____

Any other damage (eg. clothing, bicycle etc): _____

_____

_____

DOG BARKING: (leave blank if not applicable)

Nuisance issues are being caused by excessive:

❑ Barking ❑ Howling ❑ Crying ❑ Fence hitting

	Morning	Afternoon	Evening	Over night (10pm-6am)	Cause if known
Monday	❑	❑	❑	❑	
Tuesday	❑	❑	❑	❑	
Wednesday	❑	❑	❑	❑	
Thursday	❑	❑	❑	❑	
Friday	❑	❑	❑	❑	
Saturday	❑	❑	❑	❑	
Sunday	❑	❑	❑	❑	

Signature: _____ Date: _____/_____/_____

Once completed please return via email to council@jerramungup.wa.gov.au or deliver to the Shire Administration Office.

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OFFICE USE ONLY

FIRST TIER:

Complaint Resolved

Action Taken: _____

_____

_____

_____

Comments: _____

_____

_____

_____

Officer: _____

Signature: _____ Date: _____/_____/_____

FINAL REVIEW BY CHIEF EXECUTIVE OFFICER:

Comments: _____

_____

_____

_____

Resolved to the satisfaction of the complainant: ❑ Yes ❑ No

Signature: _____ Date: _____/_____/_____

PROCEDURE FOR HANDLING THE COMPLAINT REPORT FORM

Upon receipt of the Complaint Report Form the Customer Service Officer receiving the request shall:

1. Ensure all details have been entered correctly on the form, including complainant's signature.
2. If complaint has been submitted via email or internet with no signature, attach a copy of the email to the Complaint Form.
3. Write Customer Service Officer's name, title and date in the space provided, and sign the form.
4. Give the Complainant a duplicate copy of the form for their record purposes.
5. Log the complaint in Synergy.
6. Enter the Synergy complaint number, name of officer responsible, and date allocated on the Complaint Form.
7. The officer responsible is to complete the First Tier section of the Complaint Form when action required has been completed, and return the form to the Customer Service Officer.
8. The Chief Executive Officer is to sign off the complaint when satisfied with the action taken and return the form to the Records Department for filing.