## Dog Control Act 2000 - Incident Report

Incident Report made on: (date) at (time) at (time)	am/pm.
Victim/Witness details:	
Full Name:	
Date of Birth:	
Address:	
Phone No:	
Email:	
Description of events:	
Date and time of incident: (date) / at about (time) am/pm	
Location:	
Description of dog(s): (small/med/large, colour, long haired/short haired, shape)	Breed and
Was owner in attendance when the incident occurred?	
Was owner notified of the incident?	
Owner and/or dog(s) details (if known)	
Name:	
Address:	
Phone No:	
Describe the attack:	
Complainants Signature: Date:	

Nature of Injuries:
Was medical or veterinary attention required?
Doctor/Veterinarian/Hospital attended:
Address:
(Please attach patient notes from doctor/veterinarian)
Details of any other witness(es) to the attack:
Name:
Address:
Phone No:
Name:
Address:
Phone No:
Is/are the witness(es) prepared to give information to Council or give evidence in court proceedings if necessary?
Any photographs (dated and signed) of the dog, injuries and/or damage sustained should accompany this form.
Once Council has received this report, a Compliance Officer will contact you to discuss the incident further. You may be asked to attend Council to complete a statutory declaration or affidavit. You should be prepared to appear in court and give evidence as to the truth of your allegations if required.
Complainants Signature: Date:

Completed form and attachments can be delivered to Huon Valley Council's Customer Service Center at 40 Main Street, Huonville or emailed to <a href="https://example.com.au">https://example.com.au</a>