



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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COMPLAINT FORM FOR DOG ATTACK

If possible, take photos (preferably JPEG) of the scene and subjects involved (dog(s), stock, people) in the attack, and attach them to this application.

Please answer all questions fully.

Details Complainant

Full Name _____
Postal Address _____ Post code _____
Email Address _____
Phone Number _____

Details Other Witnesses (if any)

1 Full Name _____
Postal Address _____ Post code _____
2 Full Name _____
Postal Address _____ Post code _____

Details Attack

The attack was on...

- A person
 An animal

Please specify (cattle/
sheep/horses/other)

Location of Attack _____
Date of Attack _____
Time of Attack _____

Please tick if applicable.

- Was the owner of the dog present when the attack occurred?
- Was the Police notified of the attack?
- Has the Complainant identified the dog with Police or an Animal Control Officer?
- Has the Complainant sought medical attention as a result of the attack?

Please answer the following questions as complete and specific as possible.

What was the Complainant doing at the time of the attack?

What were the actions of the dog?

If the Complainant spoke to the owner of the dog, what was said?

If you have any other comments, please describe them here.

Details of Dog (if known)

Breed _____
Colour _____
Sex (Please tick) Male Female

Application

Please tick if applicable.

Will the Complainant require further action if the dog is relinquished?

Is the Complainant prepared to go to court if prosecution is undertaken?

Signed _____ Date _____

Witnessed (Compliance Officer) _____ Date _____