



Town of East Hampton

Animal Control Department

Online Complaint Form

Required fields are marked by an *. Failure to provide a valid email address will void your complaint.

Date: _____, 20____

Email address: _____

Phone number: (_____) _____ Home / Mobile / Work

Street Address: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Date of complaint / incident: _____, 20____

Time of complaint / incident: _____ AM/PM

Location where complaint / incident occurred: _____

Dog owner's Name (if known): _____

Dog owner's address (if known): _____

Dog owner's phone # (if known): _____

Description of dog in question: _____

Was dog wearing collar/ID? Yes / No

Please describe what happened:

Desired outcome:

Was a police report made? Yes / No

If so, please provide the event number (police report number, if known): _____

If violations exist, do you wish to ticket* the dog owner through the Animal Control Department? Yes / No

*Please note, by doing so the dog owner has the right to know who you are, your complaint will no longer be kept as an anonymous complaint.

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FOR OFFICE USE ONLY

Date complaint received: _____

Officer responding: _____

Complainant was followed up with via: Email / Phone Date: _____ Time: _____ M

Spoke with dog owner: Date: _____ Time: _____ M

Warning(s) issued? Yes / No

Appearance ticket issued? Yes / No

Tickets issued for: Menace / RAL / Prop. Damage / FTL / FTI / Dangerous Dog / Barking / Other

Court: Date: _____ Time: _____ M

Dog(s) in question licensed/ID'd? Yes / No

Date by which dog(s) must be licensed? Date: _____