COUNTY OF BUTTE
PUBLIC HEALTH DEPARTMENT

ANIMAL CONTROL SERVICES

CATHY RAEVSKY
DIRECTOR
BUTTE COUNTY PUBLIC HEALTH

MAILING ADDRESS:
202 MIRA LOMA DRIVE
OROVILLE, CA 95965

TELEPHONE: (530) 538-7409 OR
(530) 891-2907
FAX: 538-6329

WEBSITE:
www.buttecounty.net/publichealth

CITIZEN COMPLAINT FORM **(Print Clearly)**

Date of Event: Time of Event: ☐AM ☐PM

COMPLAINANT (REPORTING PARTY) INFORMATION
Your Information

COMPLAINANT'S LAST NAME	FIRST NAME	MIDDLE NAME

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (If Different)	CITY	STATE	ZIP CODE

TELEPHONE NUMBERS

Home ( ) Other ( )

OWNER INFORMATION of PROBLEM ANIMAL(S)

OWNER'S LAST NAME	FIRST NAME	PHONE NUMBER

ADDRESS OF ANIMAL(S)	CITY	STATE	ZIP CODE

Problem Animal(s) Description: DESCRIPTION OF ANIMAL(S) – TYPE, COLOR, BREED, SEX, NAME

Damages or loses resulting from Problem animal(s): Please attach copies of veterinary bills, receipts, and/or photos for any losses.
*photos must have time/date stamp on photo or written on back with photographers name and location photos were taken.

Were there any other witnesses? (Provide name, address, and phone numbers)

Did you have to take actions to protect yourself? ☐**Yes** ☐ **No**
What action did you take to protect yourself and/or your animals?

Describe what happened on the back of this page

Please Use Other Side **MUST SIGN ON BACK**

Mail this form to:
Butte County Animal Control
202 Mira Loma Drive
Oroville, CA 95965

For Office Use Only:
Activity # A___-_____
Scanned ☐ INT_____

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What happened? Describe with as much detail as possible. Include any comments made by responsible party/person **Use ONE form for each incident**

Was Sheriff Department contacted about/during this event? ☐ YES ☐ NO

☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and I am willing to testify if legal proceedings should be required.

DATE: SIGNATURE: