

# FORTY FORT BOROUGH POLICE DEPARTMENT

## DOG BARKING COMPLAINT



Date	Time Began	Time Ended	Was Dog Provoked?	Were Owners at Home?	Location of Dog	Your Location	Description of Dog
SAMPLE 08/19/2013	3:43 PM 4:28 PM 6:14 PM	4:06 PM 5:00 PM 6:23 PM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Backyard of 123 Main Street	LIVING ROOM MASTER BEDROOM KITCHEN	BLACK LAB
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			

LOG COMPLETED BY:

ADDRESS:

PHONE:

**FORTY FORT BOROUGH POLICE DEPARTMENT**  
DOG BARKING COMPLAINT



<b>Complainant / Witness Info</b>	<b>Dog Owner Info</b>
Complainant's Name:	Name:
Address:	Address:
Phone:	Phone:
Witness:	Investigated by Police: <input type="checkbox"/> YES <input type="checkbox"/> NO
STATEMENT: (Use back of form if necessary)	

I certify under the penalty of law that the foregoing information is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date