



Administration Office  
77 Wogolin Road, Wickepin 6370  
PO BOX 19, Wickepin 6370  
Phone: (08) 9888 1005  
Fax: (08) 9888 1074

**DOG ACT 1976  
COMPLAINT AS TO NUISANCE BY A DOG**

**DESCRIPTION OF DOG**

COLOUR \_\_\_\_\_ DOG BREED \_\_\_\_\_

**HAS CREATED A NUISANCE BY (Eg. Barking, biting, chasing etc)**

**WHERE INCIDENT OCCURRED**

ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DID THE INCIDENT REQUIRE HOSPITAL TREATMENT:

YES/NO (If yes what was the extent of the treatment)

THE DOG IS BELIEVED TO BELONG TO:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

AND USUALLY KEPT AT:

ADDRESS \_\_\_\_\_

(IF ADDRESS UNKNOWN THEN THE APPROXIMATE AREA YOU BELIEVE THE DOG TO LIVE)

AND I (NAME) \_\_\_\_\_ FROM (ADDRESS) \_\_\_\_\_

REQUEST THE COUNCIL TO INSTITUTE PROCEEDINGS IF THE NUISANCE DOES NOT STOP AND UNDERTAKE:

- (A) TO GIVE FULL INFORMATION TO THE COUNCIL AS TO THIS MATTER; and
- (B) TO APPEAR IN COURT AND GIVE EVIDENCE AS A WITNESS TO THE TRUTH OF THIS COMPLAINT

DATED THIS DAY \_\_\_\_\_ OF \_\_\_\_\_ YEAR \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (COMPLAINANT)