

Barking Dog Nuisance COMPLAINT FORM

In accordance with the *Dog Act 1976* and *Dog Regulations 1976*, I would like to register the following complaint for investigation by the Shire of Gingin's Rangers.

Your Details

First & Surname	
Contact No.	
Email Address	
Residential Address	

Details of Complaint

Address of Offending Dog(s)	
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	Dog 1	Dog 2	Dog 3
Breed			
Sex (if known)			
Identifying Marks			

Are you prepared to attend Court as a Victim/Witness and give evidence?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Have you spoken to the neighbours about this problem?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you verified where the barking is coming from?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Have any of your neighbours mentioned this problem to you?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you seen the dog(s) barking?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	If YES , are they prepared to support your claim?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

If **YES**, please supply their name, address and contact details below.

	Neighbour 1	Neighbour 2	Neighbour 3
Name			
Address			
Contact No.			

Declaration

By signing the following, I confirm that I have first tried to resolve this matter amicably by approaching the dog(s) owner either in person or by using the **Barking Dog Card** available from the Shire of Gingin.

Signature		Date	
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Admin Use Only

(To be completed by the Coordinator Ranger Services)

Record No		File No	Law/9	Date Received	
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