DOGS VICTORIA
YOUR CANINE COMMUNITY

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# DOGS VICTORIA Dog Incident Complaint / Witness Statement

Full Name: ..... Date: .....
Address:
.....
.....

Phone: ..... Email: .....

DOGS Victoria Membership No (or other State Control if applicable) .....

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**Event / Location of Incident:**

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Date: ..... Approximate time: .....

Complaint against: .....

Complaint made by: .....

Describe what you saw and heard:

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Signature of Complainant / Witness: .....