

Nuisance Animal Preliminary Complaint Form

Ventura County Animal Services Department

REPORTING PARTY INFORMATION:

Date : _____

Name: _____ Telephone: _____
 First Last Daytime Evening

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____

Animal Description(s): _____

Briefly Describe Nuisance Behavior(s): _____

ADDITIONAL INFORMATION:

Animal Owner's (A/O) Name: _____ Telephone: _____

A/O Address: _____ City: _____

Have you contacted Animal Owner About Problem? Yes No When?: _____

What Happened? _____

If no contact, WHY ? _____

Co-Complainant Name(s): _____

Print and Mail or Fax To: Ventura County Animal Services Department
Attention: Formal Complaint Desk
600 Aviation Drive, Camarillo, CA 93010
Fax: (805) 388-4393