



# SHIRE OF JERRAMUNGUP

8 Vasey Street (PO Box 92), JERRAMUNGUP WA 6337  
PH: 08 9835 1022 FAX: 08 9835 1161 EMAIL: [admin@jerramungup.wa.gov.au](mailto:admin@jerramungup.wa.gov.au)

## Dog Complaint Form

Dog/s Barking   
Dog/s Attack

Dog/s Wandering   
Other

No \_\_\_\_\_

If other, please specify: \_\_\_\_\_

### COMPLAINANT DETAILS

Received in person / telephone / facsimile / writing / email Acknowledgement Required: YES / NO

Name of Complainant: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### GENERAL INFORMATION

Breed/Description of Dog/s: \_\_\_\_\_

Owner Details (if known): \_\_\_\_\_

Offence Date: \_\_\_\_\_ Offence Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DOG ATTACK

Was physical injury caused? YES / NO Was doctor/hospital treatment received? YES / NO

Extent and Location of Injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Damage (clothing, bicycle, etc): \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving Officer's Name & Title: \_\_\_\_\_

Receiving Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRST TIER**

Complaint Resolved

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer: \_\_\_\_\_

Name (please print)

Signature

Date

**FINAL REVIEW BY CHIEF EXECUTIVE OFFICER**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolved to the satisfaction of the complainant: YES / NO

Original copy filed: YES / NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**PROCEDURE FOR HANDLING THE COMPLAINT REPORT FORM**

Upon receipt of the Complaint Report Form the Customer Service Officer receiving the request shall:

1. Ensure all details have been entered correctly on the form, including complainant's signature.
2. If complaint has been submitted via email or internet with no signature, attach a copy of the email to the Complaint Form.
3. Write Customer Service Officer's name, title and date in the space provided, and sign the form.
4. Give the Complainant a duplicate copy of the form for their record purposes.
5. Log the complaint in Synergy.
6. Enter the Synergy complaint number, name of officer responsible, and date allocated on the Complaint Form.
7. The officer responsible is to complete the First Tier section of the Complaint Form when action required has been completed, and return the form to the Customer Service Officer.
8. The Chief Executive Officer is to sign off the complaint when satisfied with the action taken and return the form to the Records Department for filing.