



# ANIMAL SERVICES

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## STATEMENT OF COMPLAINT

Complaint No.: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Name of person making complaint: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Mess. phone: \_\_\_\_\_

Current address: \_\_\_\_\_

I, \_\_\_\_\_, do hereby give the following statement to Animal Services of Thurston County, Washington, as an aid to investigation. All facts contained herein are true to the best of my knowledge and belief. (Your statement must contain the basic who, what, why, when and how as they relate to the witnessed incident. You may be called upon to testify in court regarding this incident.)

Incident date(s): \_\_\_\_\_ Time of incident(s): \_\_\_\_\_

Location of incident(s): \_\_\_\_\_

Description of event(s): \_\_\_\_\_

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Attach additional pages if necessary

I certify (or declare) under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Scanned